

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

COMMENTS:        FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
	=====			

CULTURE, URINE, ROUTINE

MICRO NUMBER:        70047829  
 TEST STATUS:         FINAL  
 SPECIMEN SOURCE:    URINE, CLEAN CATCH  
 SPECIMEN QUALITY:   ADEQUATE  
 RESULT:                No Growth

**PERFORMING SITE:**

QHO    QUEST DIAGNOSTICS HORSHAM, 900 BUSINESS CENTER DRIVE, HORSHAM, PA 19044-3432 Laboratory Director: ANDREW S EDELMAN, MD PHD, CLIA: 39D0204404