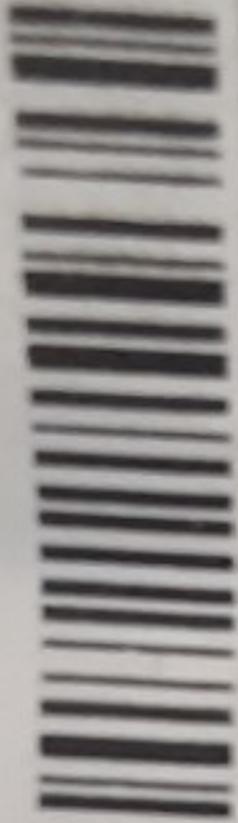


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V20230127

PATIENT NAME

Joshua Linder

D.O.B.

2/16/2000

Date & Time of Collection

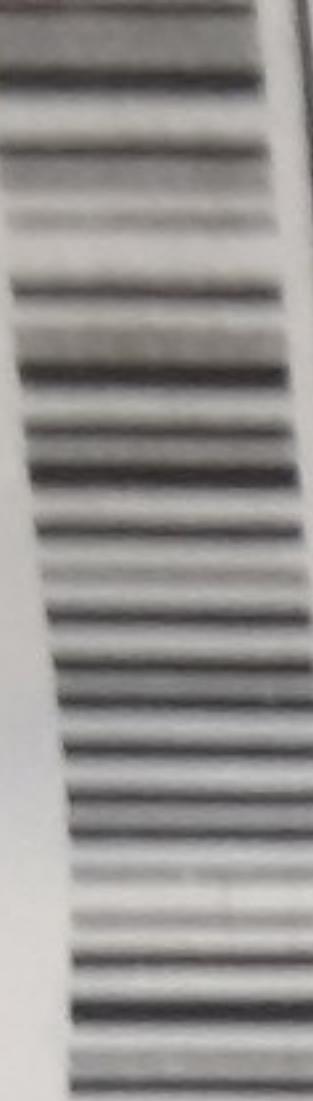
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C T
Negative Preliminary Invalid
 Positive



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V20230127

PATIENT NAME

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Date & Time of Collection

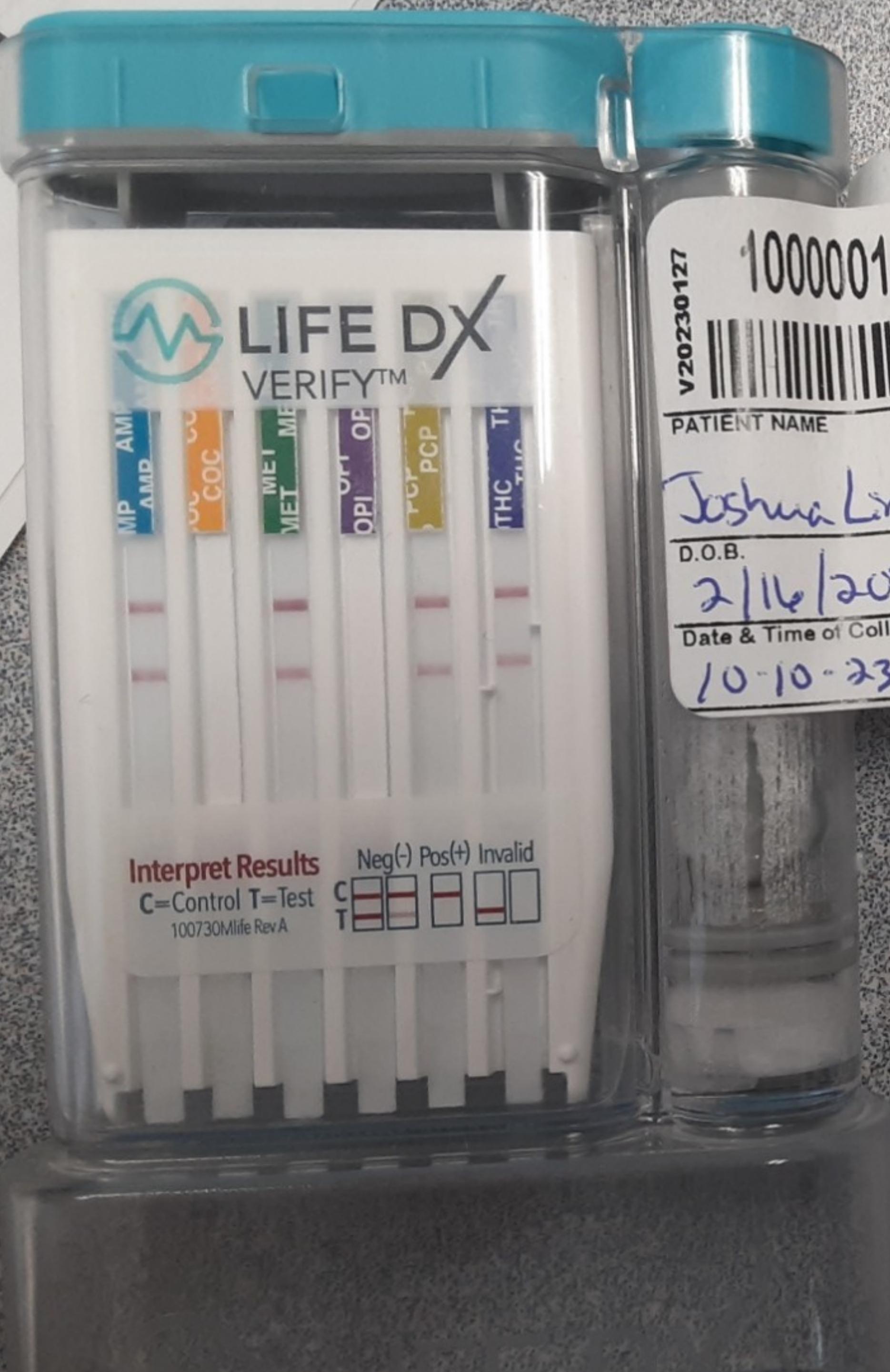
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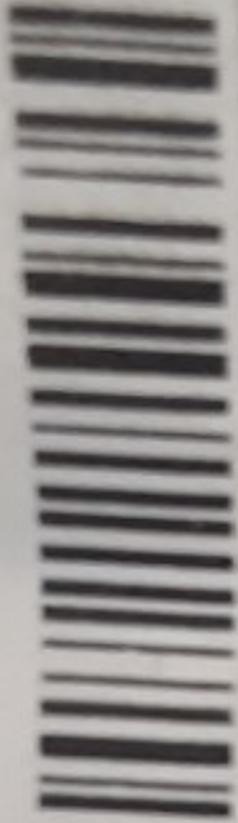


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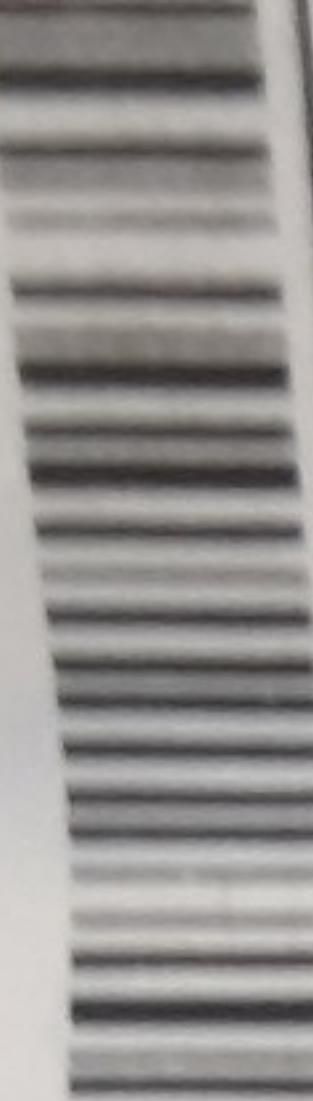
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