



**PORTOFINO IV CENTER**  
**901-A SW 87 AVE**  
**MIAMI, FL 33174**  
**TEL: 305-225-6266**  
**FAX: 305-225-6296**  
**INFO@FAMILYREHAB.US**

**CLIA: 10D2067204**

## **CLINICAL LABORATORY REPORT**

Account# <u>1659461101</u>	REFER# <u>88611</u>	PASSPORT# <u>(123) 456-7890</u>
INTI FERNANDEZ MD	PATIENT: <u>my full name my full name</u>	
901-A SW 87 AVE	DOB: <u>01-28-2022</u>	SEX: <u>male</u>
MIAMI, FLORIDA 33126		ORDER#: <u>3046</u>
TEL: 305-225-6296 FAX: 305-225-6266		COLLECTED: <u>01-13-2022 02:30 AM</u>
DOCTOR: INTI FERNANDEZ MD		REPORTED: <u>01-29-2022 02:31 AM</u>

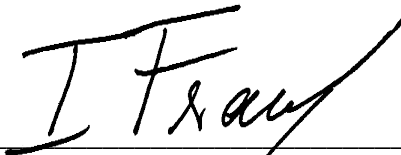
Description	Result
<b>Method:</b> PCR	<b>Testing Platform:</b> Cepheid GeneXpert Xpress

**Procedure:** NAAT - RNA

**Specimen Type:** Nasopharyngeal Swab

**POSITIVE** for SARS-CoV-2

This test has been performed following PCR methodology. This test has been authorized by FDA. This test has been validated in accordance with the FDA's Guidance Document (Policy for diagnostics testing in laboratories certified to perform testing under CLIA waiver prior to Emergency Use Authorization for coronavirus Disease-2019 during the public health Emergency)

  
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**CLINICAL DIRECTOR**