



**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>Rehman Ahmad my full name my full name</u>	
901-A SW 87 AVE	DOB: <u>03-29-2022</u>	SEX: <u>male</u>
MIAMI, FLORIDA 33126	ORDER#: <u>3003</u>	
TEL: 305-225-6296 FAX: 305-225-6266	COLLECTED: <u>03-28-2022 06:14 AM</u>	
DOCTOR: INTI FERNANDEZ MD	REPORTED: <u>03-28-2022 06:17 AM</u>	

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

**Procedure:** NAAT - RNA

**Specimen Type:** Nasopharyngeal Swab

**NEGATIVE** 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)

**CLINICAL DIRECTOR**

**Inti Fernandez M.D**  
901 SW 87th AVE  
Miami, FL 33174  
ME 97323