



PORTOFINO IV CENTER
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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 parent my full name</u>	
901-A SW 87 AVE	DOB: <u>11-11-1990</u>	SEX: <u>male</u>
MIAMI, FLORIDA 33126		ORDER#: <u>3057</u>
TEL: 305-225-6296 FAX: 305-225-6266		COLLECTED: <u>02-01-2022 05:46 AM</u>
DOCTOR: INTI FERNANDEZ MD		REPORTED: <u>02-01-2022 05:48 AM</u>

Description	Result
Method: Qualitative Antigen Test	Testing Platform: Access Bio CareStart
Procedure: Lateral Flow Test	
Specimen Type: Nasopharyngeal Swab	POSITIVE for SARS-CoV-2

This test has been performed following Qualitative Antigen Test 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