



PORTOFINO IV CENTER 901-A SW 87 AVE MIAMI, FL 33174 TEL: 305-225-6266

FAX: 305-225-6296

INFO@FAMILYREHAB.US

CLIA: <u>42</u>

CLINICAL LABORATORY REPORT

Account# 1659461101 REFER# 88611 PASSPORT# 215424

INTI FERNANDEZ MD PATIENT: <u>Jane Doe</u>

2100 NW 42 AVE DOB: <u>1992-05-12</u> SEX: <u>female</u>

MIAMI, FLORIDA 33126 ORDER#: 462

TEL: 305-869-1161 FAX: 305-869-1167 COLLECTED: 2022-01-25 15:53:29

DOCTOR: INTI FERNANDEZ MD REPORTED: 2022-01-25 15:54:05

Description Result

Method: Qualitative Antigen Test

Testing Platform: Sienna

Procedure: Lateral Flow Test

Specimen Type: Nasopharyngeal Swab

NEGATIVE 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)

