



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

PASSPORT# (123) 456-7890 Account# 1659461101 REFER# 88611

INTI FERNANDEZ MD PATIENT: Rehman Ahmad my full name my full name

901-A SW 87 AVE DOB: 03-29-2022 SEX: male

MIAMI, FLORIDA 33126 ORDER#: 3003

TEL: 305-225-6296 FAX: 305-225-6266 COLLECTED: <u>03-28-2022 06:14 AM</u>

REPORTED: 03-28-2022 06:17 AM DOCTOR: INTI FERNANDEZ MD

Description Result

Testing Platform: Cepheid GeneXpert **Method:** PCR

Xpress

Procedure: NAAT - RNA

NEGATIVE for SARS-CoV-2 Specimen Type: Nasopharyngeal Swab

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

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Use Authorization for coronavirus Disease-2019 during the public health Emergency)

901 SW 87th AVE Miami, FL 33174 CLINICAL DIRECTOR

ME 97323

Inti Fernandez M.D