



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# 1659461101 REFER# 88611 PASSPORT# (123) 456-7890
INTI FERNANDEZ MD PATIENT: my full name my full name
2100 NW 42 AVE DOB: 2022-01-28 SEX: male
MIAMI, FLORIDA 33126 ORDER#: 3046
TEL: 305-869-1161 FAX: 305-869-1167 COLLECTED: 2022-01-28 02:30:09
DOCTOR: INTI FERNANDEZ MD REPORTED: 2022-01-28 02:31:08

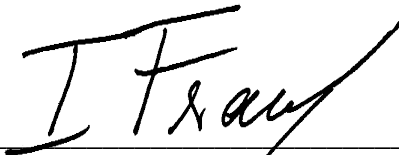
Description	Result
Method: PCR	Testing Platform: Cepheid GeneXpert Xpress

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