

## Patient

## Documents

## Letter of Disagreement

Scan on 11/13/2018 10:17 AM by System, Provider Not In

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## 11/15/2017 - Lab Requisition in LABORATORY SPECIMENS

## Visit Information

## Department

Name	Address	Phone
LABORATORY SPECIMENS	5 Perryridge Road Greenwich CT 06830	203-863-3321

## Labs

## Completed

## Immunofixation, serum [28140036] (Completed)

## Specimen Information

ID	Type	Source	Collected By
17G-319IM0005	Blood	—	11/15/17 1000

## Immunofixation, serum [28140036] (Abnormal)

Resulted: 01/09/18 1214, Result status: Final result

Order status: Completed  
Collected by: 11/15/17 1000Filed by: Kelley, Lorie 01/09/18 1214  
Resulting lab: GREENWICH HOSPITAL LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
Immunoglobulin A	1	70 - 400 mg/dL	L	GH LAB
Immunoglobulin G	<35	700 - 1,800 mg/dL	L	GH LAB
Immunoglobulin M	<5	40 - 230 mg/dL	L	GH LAB

Image results for this order (below)

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	VICKI ALTMAYER, MD	5 Perryridge Road GREENWICH CT 06830-4697	02/17/15 1055 - 01/30/18 1525

## Indications

Monkeypox [B04 (ICD-10-CM)]

## Protein electrophoresis, serum (BH GH L LMW) [28140037] (Completed)

## Specimen Information

ID	Type	Source	Collected By
17G-319IM0005	Blood	—	11/15/17 1000

## Protein electrophoresis, serum (BH GH L LMW) [28140037] (Abnormal) Resulted: 01/09/18 1214, Result status: Final result

Order status: Completed  
Collected by: 11/15/17 1000Filed by: Kelley, Lorie 01/09/18 1214  
Resulting lab: GREENWICH HOSPITAL LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
Total Protein, Serum	7.0	6.0 - 8.3 g/dL	—	GH LAB
Albumin Electrophoresis	6.00	3.50 - 4.70 g/dL	H	GH LAB
Alpha-1-Globulin	5.00	0.10 - 0.30 g/dL	H	GH LAB
Alpha-2-Globulin	4.00	0.60 - 1.00 g/dL	H	GH LAB

**11/15/2017 - Lab Requisition in LABORATORY SPECIMENS (continued)****Labs (continued)**

Beta Globulin	3.00	0.70 - 1.20 g/dL	H	GH LAB
Gamma Globulin	2.00	0.70 - 1.50 g/dL	H	GH LAB

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	VICKI ALTMAYER, MD	5 Perryridge Road GREENWICH CT 06830-4697	02/17/15 1055 - 01/30/18 1525

**Indications**

Monkeypox [B04 (ICD-10-CM)]

**IFE, serum MD interpretation (Lab Orderable Only)(BH GH) [28154903] (Completed)****Specimen Information**

ID	Type	Source	Collected By
17G-319IM0005	Blood	—	11/15/17 1000

**IFE, serum MD interpretation (Lab Orderable Only)(BH GH) [28154903]** Resulted: 01/09/18 1214, Result status: Final resultOrder status: Completed  
Collected by: 11/15/17 1000Filed by: Kelley, Lorie 01/09/18 1214  
Resulting lab: GREENWICH HOSPITAL LABORATORY**Components**

Component	Value	Reference Range	Flag	Lab
Immunofixation Interp, Serum	g	—	—	GH LAB
IFE Serum Signature	h	—	—	GH LAB

This report is electronically signed by:  
Lorie Kelley  
on 01/09/18  
at 12:14 PM  
I have reviewed the interpretation and agree with the results.

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	VICKI ALTMAYER, MD	5 Perryridge Road GREENWICH CT 06830-4697	02/17/15 1055 - 01/30/18 1525

**Indications**

**11/15/2017 - Lab Requisition in LABORATORY SPECIMENS (continued)****Labs (continued)**

Monkeypox [B04 (ICD-10-CM)]

**Protein EP, serum MD interpretation (Lab Orderable Only)(BH GH) [28154904] (Completed)****Specimen Information**

ID	Type	Source	Collected By
17G-319IM0005	Blood	—	11/15/17 1000

**Protein EP, serum MD interpretation (Lab Orderable Only)(BH GH) [28154904]**

Resulted: 01/09/18 1214, Result status: Final result

Order status: Completed

Filed by: Kelley, Lorie 01/09/18 1214

Collected by: 11/15/17 1000

Resulting lab: GREENWICH HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPEP Interpretation	h	—	—	GH LAB
eSignature	h	—	—	GH LAB

This report is electronically signed by:  
Lorie Kelley  
on 01/09/18  
at 12:14 PM  
I have reviewed the interpretation and agree with the results.

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	VICKI ALTMAYER, MD	5 Perryridge Road GREENWICH CT 06830-4697	02/17/15 1055 - 01/30/18 1525

**Indications**

Monkeypox [B04 (ICD-10-CM)]

**02/01/2018 - Appointment in Yale Cardiac Rehabilitation Center****Visit Information****Appointment Information****RETURN EXERCISE (Arrived)****Copay: \$0.00**

Date & Time	Provider	Department	Length
2/1/2018 2:00 PM	CARDIAC REHAB PROVIDER	YNH CARDIAC REHAB CENTER	30 min
Arrival Time:	1:32 PM	Enc Form Number:	967
CSN:	80215699		

**History**

Made On:	2/1/2018 1:31 PM	By:	Rankin, Shannon, RN	ES
Checked In:	2/1/2018 1:32 PM	By:	Rankin, Shannon, RN	ES

## 02/01/2018 - Appointment in Yale Cardiac Rehabilitation Center (continued)

## Documents

Cardiac Rehab Note - Scan on 2/13/2018 11:13 AM by System, Provider Not In

Scan (below)

## Daily Report - Inactive

## Yale New Haven Hospital

Name: DANIELLE ZZZAMB

MR #: MR9017286

☐ Graduated

## Branford Cardiac Rehab

Session Date: 2/5/2018

Session # 1

## SESSION SUMMARY

## Pre-Exercise Review of Symptoms:

Complaints/Symptoms:

☐ Change in RX☐ CP☐ SOB☐ Palps☐ Edema☐ pain (non-cardiac)☐ Dizzy/lightheaded

Start Time:	NA	Resting HR:	0	Resting BP:	NA	Session THR:	NA
Session Len.:	0:00:00	Max. HR:	0	Max. BP:	NA	Weight:	
Max. METS:	1	Ending HR:	0	Ending BP:	NA	Angina Level:	

## Post-Exercise Review of Symptoms:

Complaints/Symptoms:

☐ CP post☐ SOB post☐ Palps post☐ Edema post☐ Pain post☐ Dizzy/lightheaded post☐ Physician /PA Notified Action taken:

Follow-up Plan:

## Electronic Signature

#	Modality	Active Time	Wrk Load	Mets	Max HR	Max BP	% Target	RPE
1	Rest	00:00:00	-	-	0	NA		
2	Session Warm Up	00:00:00	-	-	0	NA		
3	Treadmill (Walking)	00:00:00	0@0%	-	0	NA		
4	UBE	00:00:00	-	-	0	NA		
5	Elliptical	00:00:00	-	-	0	NA		
6	Seated Elliptical	00:00:00	-	-	0	NA		
7	Resistance Training	00:00:00	-	-	0	NA		
8	Bicycle Ergometer	00:00:00	-	-	0	NA		
9	Nu Step	00:00:00	-	-	0	NA		
10	Rowing Machine	00:00:00	-	-	0	NA		
11	Resistance Training	00:00:00	-	-	0	NA		
12	Stretching	00:00:00	-	-	0	NA		
13	Rest	00:00:00	-	-	0	NA		

## Post-Session Comments

- None -

**02/01/2018 - Appointment in Yale Cardiac Rehabilitation Center (continued)****Documents (continued)****Medical Necessity For Procedure - Scan on 12/13/2018 10:52 AM by System, Provider Not In: test**

Scan (below)

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**02/01/2018 - Appointment in Yale Cardiac Rehabilitation Center (continued)****Documents (continued)****Medical Necessity For Procedure - Scan on 12/13/2018 10:52 AM by System, Provider Not In**

Scan (below)

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**03/05/2018 - Lab Requisition in LABORATORY SPECIMENS****Visit Information****Department**

Name	Address	Phone
LABORATORY SPECIMENS	5 Perryridge Road Greenwich CT 06830	203-863-3321

**Labs****Completed****RPR (monitor therapy) w/refl titer (BH GH LMW Q YH) [28178802] (Completed)****Specimen Information**

ID	Type	Source	Collected By
18G-064IM0001	Blood	—	03/05/18 1000

**RPR (monitor therapy) w/refl titer (BH GH LMW Q YH) [28178802]  
(Normal)**

Resulted: 03/05/18 1233, Result status: Final result

Order status: Completed

Filed by: Kelley, Lorie 03/05/18 1233

Collected by: 03/05/18 1000

Resulting lab: GREENWICH HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
RPR	Non- Reactive	Non-Reactive	—	GH LAB

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

**Indications**

Other contact with orca, initial encounter [W56.29XA (ICD-10-CM)]

## 07/30/2018 - Scanned Document in NEMG Family Practice Associates

## Visit Information

## Provider Information

## Encounter Provider

External, Provider

## Department

Name	Address	Phone	Fax
NEMG Family Practice Associates	112 Quarry Road Suite 120 Trumbull CT 06611	203-372-4065	203-372-1644

## Labs

## Completed

## Cytology gyn cases (BH LMW YH) [28222739] (Completed)

## Specimen Information

ID	Type	Source	Collected By
—	Pap Smear	—	—

## Cytology gyn cases (BH LMW YH) [28222739]

Result status: Final result

Order status: Completed

Filed by: Gorman, Anne 07/30/18 1135

Collected by:

Image results for this order (below)

**07/30/2018 - Follow-Up in NEMG Family Practice Associates****Visit Information****Provider Information****Encounter Provider**

Duchen, Douglas, MD

**Department**

Name	Address	Phone	Fax
NEMG Family Practice Associates	112 Quarry Road Suite 120 Trumbull CT 06611	203-372-4065	203-372-1644

**Labs****Completed****HM PAP SMEAR [28258790] (Completed)****Specimen Information**

ID	Type	Source	Collected By
—	—	—	07/30/18

**HM PAP SMEAR [28258790] (Normal)**

Resulted: 07/30/18 1153, Result status: Final result

Order status: Completed

Filed by: Gorman, Anne 07/30/18 1153

Collected by: 07/30/18

Narrative:

Repeat 6 months h/o ascus

Image results for this order (below)

**Indications**

Annual physical exam [Z00.00 (ICD-10-CM)]

**Study Result**

Repeat 6 months h/o ascus

**08/28/2018 - Office Visit in YM Internal Medicine Associates at 800 Howard Avenue****Visit Information****Provider Information**

Encounter Provider	Authorizing Provider	Referring Provider
Ellman, Matthew S, MD	Atlas, Stephen A., MD	Referral, Self

**Department**

Name	Address	Phone	Fax
YM Internal Medicine Associates at 800 Howard Avenue	800 Howard Avenue 1st Floor New Haven CT 06520	203-785-7411	203-785-4194

**Level of Service**

Level of Service
PR OFFICE OUTPATIENT VISIT 10 MINUTES

**Labs****Completed****HM PAP SMEAR [28277733] (Completed)****Specimen Information**

ID	Type	Source	Collected By
—	—	—	08/28/18

**HM PAP SMEAR [28277733] (Abnormal)**

Resulted: 08/29/18 1322, Result status: Final result

Order status: Completed

Filed by: Family Medicine, Physician, MD 08/29/18 1323

Collected by: 08/28/18

Image results for this order (below)

**Indications**

Chronic atrial fibrillation (HC Code) [I48.2 (ICD-10-CM)]

**POCT (A1C) glycosylated hemoglobin, total (83036) [28277729] (Completed)****Specimen Information**

ID	Type	Source	Collected By
—	—	—	FAMILY MEDICINE, PHYSICIAN 08/28/18 0827

**POCT (A1C) glycosylated hemoglobin, total (83036) [28277729] (Normal)**

Resulted: 08/28/18 0827, Result status: Final result

Order status: Completed

Filed by: Family Medicine, Physician, MD 08/28/18 0827

Collected by: FAMILY MEDICINE, PHYSICIAN 08/28/18 0827

Resulting lab: YALE-NEW HAVEN HEALTH SYSTEM LAB

**Components**

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C, POC	5	4.0 - 6.0 %	—	45

Image results for this order (below)

**Testing Performed By**

**08/28/2018 - Office Visit in YM Internal Medicine Associates at 800 Howard Avenue (continued)****Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
45 - Unknown	YALE-NEW HAVEN HEALTH SYSTEM LAB	Unknown	New Haven CT	08/25/11 0839 - Present

**Indications**

Chronic atrial fibrillation (HC Code) [I48.2 (ICD-10-CM)]

**10/10/2018 - Lab Requisition in LABORATORY SPECIMENS****Visit Information****Department**

Name	Address	Phone
LABORATORY SPECIMENS	5 Perryridge Road Greenwich CT 06830	203-863-3321

**Labs****Completed****Epstein-Barr heterophile IgM (GH) [28317645] (Completed)****Specimen Information**

ID	Type	Source	Collected By
18G-283IM0038	Blood	—	10/10/18 1520

**Epstein-Barr heterophile IgM (GH) [28317645] (Normal)**

Resulted: 10/10/18 1702, Result status: Final result

Order status: Completed  
Collected by: 10/10/18 1520Filed by: Kelley, Lorie 10/10/18 1702  
Resulting lab: GREENWICH HOSPITAL LABORATORY**Components**

Component	Value	Reference Range	Flag	Lab
Heterophile IgM Units	<0.2	<0.8 AI	—	GH LAB
Heterophile IgM	Negative	Negative	—	GH LAB

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

**Indications**

Bitten by orca [W56.21XA (ICD-10-CM)]

## 10/10/2018 - Lab Requisition in LABORATORY SPECIMENS

## Visit Information

## Department

Name	Address	Phone
LABORATORY SPECIMENS	5 Perryridge Road Greenwich CT 06830	203-863-3321

## Labs

## Completed

## Osmolality [28317874] (Completed)

## Specimen Information

ID	Type	Source	Collected By
18G-283CH0003	Blood	—	10/10/18 1807

## Osmolality [28317874] (Normal)

Resulted: 10/10/18 1837, Result status: Final result

Order status: Completed  
Collected by: 10/10/18 1807Filed by: Kelley, Lorie 10/10/18 1837  
Resulting lab: GREENWICH HOSPITAL LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
Osmolality	290	275 - 295 mOsm/kg	—	GH LAB

Image results for this order (below)

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

## Indications

Struck by orca [W56.22XA (ICD-10-CM)]

## Procalcitonin (BH GH LMW Q YH) [28317875] (Completed)

## Specimen Information

ID	Type	Source	Collected By
18G-283CH0003	Blood	—	10/10/18 1807

## Procalcitonin (BH GH LMW Q YH) [28317875] (Normal)

Resulted: 10/10/18 1837, Result status: Final result

Order status: Completed  
Collected by: 10/10/18 1807Filed by: Kelley, Lorie 10/10/18 1837  
Resulting lab: GREENWICH HOSPITAL LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
Procalcitonin	<0.05	See Comment ng/mL	—	GH LAB

Comment:  
Procalcitonin Reference Ranges (ng/mL):<0.1: Bacterial infection highly unlikely. Consider alternative diagnosis  
0.1-0.25: Bacterial infection unlikely. Consider alternative diagnosis

**10/10/2018 - Lab Requisition in LABORATORY SPECIMENS (continued)****Labs (continued)**

0.26-0.5: Bacterial infection likely  
>0.5: Bacterial infection highly likely

Consider reassessment of PCT within 6 to 24 hours in:

1. All patients in whom antibiotics are withheld but who show clinical deterioration
2. High risk patients with an initial PCT <0.25 ng/mL

In patients in whom antibiotics are initiated, PCT levels should be reassessed every 2 days until PCT decreases to <0.25 mg/L (or by at least 80% to 90% from the peak level).

Falsely high/low levels of PCT:

Falsely high PCT: Examples include severe SIRS and shock, ARDS, trauma, postoperative, tumor (eg, medullary thyroid cancer, SCLC), fungal, malaria

Falsely low PCT: Examples include parapneumonic effusion, loculated infection (empyema), early phase of infection, fungal, most severe immunosuppression

In addition, per the recent FDA Approval Procalcitonin values can be used to aid the decision for Initiation Antibiotic use in LRTI.

PCT Value (ng/mL)	Initiation of Antibiotic Use Recommendation
<0.10	Strongly Discouraged
0.10 - 0.25	Discourage
0.26 - 0.50	Encouraged
>0.50	Strongly Encouraged

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

**Indications**

Struck by orca [W56.22XA (ICD-10-CM)]

**Mycoplasma pneumoniae antibody, IgM (BH GH L YH) [28317876] (Completed)****Specimen Information**

ID	Type	Source	Collected By
18G-283IM0047	Blood	—	10/10/18 1807

**Mycoplasma pneumoniae antibody, IgM (BH GH L YH) [28317876] Resulted: 10/29/18 1618, Result status: Final result**

Order status: Completed  
Collected by: 10/10/18 1807

Filed by: Kelley, Lorie 10/29/18 1618  
Resulting lab: GREENWICH HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
Mycoplasma pneumo IgM	—	Negative	—	GH LAB

Image results for this order (below)



**10/10/2018 - Lab Requisition in LABORATORY SPECIMENS (continued)****Labs (continued)****Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

**Indications**

Struck by orca [W56.22XA (ICD-10-CM)]

**10/24/2018 - DENTAL OMS PROCEDURE/SEDATION in Yale Oral Maxillofacial Surgery Chapel****Visit Information****Admission Information**

Arrival Date/Time:	Admit Date/Time:	10/24/2018 1:50 PM	IP Adm. Date/Time:
Admission Type:	Point of Origin:		Admit Category:
Means of Arrival:	Primary Service:		Secondary Service:
Transfer Source:	Service Area:	YALE NEW HAVEN DENTAL	Unit:
			N/A Yale Oral Maxillofacial Surgery Chapel
Admit Provider:	Attending Provider:		Referring Provider:

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Yale Oral Maxillofacial Surgery Chapel

**Labs****Completed****POCT Blood Glucose Random [28307478] (Completed)****Specimen Information**

ID	Type	Source	Collected By
—	—	—	DENTAL, RN 10/24/18 1357

**POCT Blood Glucose Random [28307478] (Normal)**

Resulted: 10/24/18 1357, Result status: Final result

Ordering provider: Ricciuti, Jesse, DDS 10/24/18 1357

Order status: Completed

Filed by: Bouttaphom, Linda, RN 10/24/18 1357

Collected by: DENTAL, RN 10/24/18 1357

Resulting lab: YALE-NEW HAVEN HEALTH SYSTEM LAB

**Components**

Component	Value	Reference Range	Flag	Lab
Glucose	90	70 - 100 mg/dL	—	45

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
45 - Unknown	YALE-NEW HAVEN HEALTH SYSTEM LAB	Unknown	New Haven CT	08/25/11 0839 - Present

**Indications**

(QFT) QuantiFERON-TB test reaction without active tuberculosis [R76.12 (ICD-10-CM)]

**11/08/2018 - Lab Requisition in LABORATORY SPECIMENS****Visit Information****Department**

Name	Address	Phone
LABORATORY SPECIMENS	5 Perryridge Road Greenwich CT 06830	203-863-3321

**Labs****Completed****RPR (monitor therapy) w/refl titer (BH GH LMW Q YH) [28338902] (Completed)****Specimen Information**

ID	Type	Source	Collected By
18G-312IM0006	Blood	—	11/08/18 1708

**RPR (monitor therapy) w/refl titer (BH GH LMW Q YH) [28338902]  
(Normal)**

Resulted: 11/08/18 1714, Result status: Final result

Order status: Completed

Filed by: Kelley, Lorie 11/08/18 1714

Collected by: 11/08/18 1708

Resulting lab: GREENWICH HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
RPR	Non- Reactive	Non-Reactive	—	GH LAB

Image results for this order (below)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
151 - GH LAB	GREENWICH HOSPITAL LABORATORY	KISHA MITCHELL RICHARDS, MD	5 Perryridge Road GREENWICH CT 06830-4697	01/30/18 1525 - Present

**Indications**

Monkeypox [B04 (ICD-10-CM)]

**11/29/2018 - Scanned Document in YM Prostate & Urologic Cancers Program at Smilow Cancer Hospital****Visit Information****Provider Information****Encounter Provider**

Chai, Toby, MD

**Department**

Name	Address	Phone	Fax
YM Prostate & Urologic Cancers Program at Smilow Cancer Hospital	20 York Street NP4 202 New Haven CT 06510	203-200-4822	203-200-2099

**Labs****Completed****LAB SCAN [28336417] (Completed)****Specimen Information**

ID	Type	Source	Collected By
—	—	—	11/29/18 0951

**LAB SCAN [28336417]**

Resulted: 11/29/18 0951, Result status: Final result

Order status: Completed

Filed by: Edi, Scanning 11/29/18 0952

Collected by: 11/29/18 0951

Image results for this order (below)