

5900 CHIMNEY ROCK RD SUITE X HOUSTON, TX 77081 PHONE 713-664-2358 FAX 1800-245-8979

Post-Test Report Covid-19/Flu Virus Antigen Test

First Name:	Middle Name:	Last Name:
Date of Birth:	Phone Number:	
Collection Date:	Age:	
	Test Result	
Covid 10	(Flu SARS Antige	n FIA)
Covid 19 Positive		
Negative		
Technician:		
Technician Signature		
instrument intended for the c nasopharyngeal (NP) and nas media from individual who a certified under the Clinical La requirements to perform mo samples are 96.7 sensitive ar	qualitative detective of the nucleoc al (NS) swab specimens directly or a re suspected of Covid-19 by their he boratory improvement Amendmen derate, high or waived complexity t	cent sandwich assay that is used with the Sofia 2 apsid protein antigen form SARS-CoV-2/Flu in after the swabs have been added to viral transport ealthcare provider. Testing is limited to laboratories its of 1988 (CLIA), 42 U.S.C.8263a, that meet the est. According to Quidel Corporation analyzed RNA by reverse transcription polymerase chain osis.
<u>-</u>	I record shall be maintained except authorization by the patient.	when the use or disclosure is required or permitted
Zeeshan I. Shaikh, Medical Di	rector.	Cash: CC: