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## **COVID-19 Testing Center**

# **Patient Report**

**Patient Details Specimen Details Physician Details** 

Name: Date collected: Order By:

**General Comments & Additional Information** 

**Result: Negative Positive** 

## **Modality Used:**

DOB:

This test was developed and its performance characteristics determined by **Premier Medicine Laboratories**. Nucleic acid amplification tests include RT-PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist

justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/ or diagnosis of **COVID-19 infection** under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked sooner.

\*For inquiries, the physician may contact

PREMIER MEDICINE Medical Center

FINAL REPORT

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Page 1 of 1



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