



**COVID-19 PCR/NAA Testing Center**

**Patient Report**

**Patient Details**

Name:

DOB:

**Specimen Details**

Date collected:

**Physician Details**

Order By:

**General Comments & Additional Information**

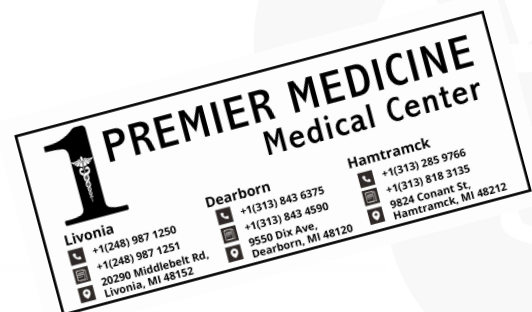
Result: **Negative** **Positive**

**Modality Used:**

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



Date Issued:

**FINAL REPORT**

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