Page: 1 25 Charlton Avenue E Hamilton L8N 1Y2 1(877)849-3637

> Patient Name: Accession #

DA SILVA BARREIRA, GABRIE LA8531807

Client:

RN-EC A. OLIVER BAUEREISS ATTN: DIALOGUE TORONTO 1

175-110 CUMBERLAND ST.

TORONTO, ON

M5R 3V5

Birthdate: 18-JUL-1991 Sex: F

Phone #: (289)700-9915Health #: 1623304787WF

Date of Service: 09-SEP-24 Printed: 11-SEP-24

Reference #:

199

1

Requesting physician: RN-E	C A. OLIVER BAUEREISS Report status	: FINA		
TEST NAME	RESULT FLAG REFERENCE RANGE	UNITS TEST I		
	RHOEAE - TRICHOMONAS VAGINALIS			
SOURCE:	URINE	KL		
DATE OF COLLECTION	09-SEP-2024			
IME OF COLLECTION	13:52			
CHLAMYDIA TRACHOMATIS	NEGATIVE			
	Please note that the volume of urine sample received in the lab was outside of the manufacturer recommended range. Urine volume of 20 - 30 ml is recommended for optimal sensitivit of CT/GC and TV molecular testing at LifeLabs. A negative result indicates that nucleic acids			
	from the target pathogen is abse			
	detection limit of the assay.			
	Testing performed using a Health Nucleic Acid Amplification Test	Canada approved (NAAT).		
NEISSERIA GONORRHOEAE	NEGATIVE			
	Please note that the volume of urine sample received in the lab was outside of the			
	manufacturer recommended range. 20 - 30 ml is recommended for op of CT/GC and TV molecular testin A negative result indicates that from the target pathogen is abse detection limit of the assay. Testing performed using a Health Nucleic Acid Amplification Test	Urine volume of timal sensitivitg at LifeLabs. nucleic acids nt or below the		
PUBLIC HEALTH TEST		17		
	Specimen referred to: Public Hea (PHL). Test results will be sent requesting physician from PHL. For result inquiries, call 1-877	directly to the		
PUBLIC HEALTH TEST				



Page: 2 25 Charlton Avenue E Hamilton L8N 1Y2 1(877)849-3637

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M5R 3V5

TORONTO, ON

Birthdate: 18-JUL-1991 Sex: F

Phone #: (289)700-9915 Health #: 1623304787WF

> Date of Service: 09-SEP-24 Printed: 11-SEP-24

> > FINAL

Reference #:

Requesting physician: RN-EC A. OLIVER BAUEREISS Report status:

199

1

TEST NAME	RESULT	FLAG R	EFERENCE RANGE	UNITS TEST
	*****		*************	
	Specimen	referred to:	Public Healt	h Laboratories
	(PHL). T∈	est results wi	.11 be sent o	directly to the
	requestir	ng physician f	rom PHL.	
	For resul	lt inquiries,	call 1-877-6	504-4567.
366 XX 5303-6552531 week 1				
JBLIC HEALTH TEST				
11/0/ 10/01	(PHL). T∈	est results wi	ll be sent o	th Laboratories directly to the
	For resul	ng physician f It inquiries,	call 1-877-6	504-4567
				.01 100).
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