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PATIENT INFORMATION	LAB REPORT INFORMATION	PHYSICIAN INFORMATION
DATE OF BIRTH: SEX: PATIENT ID: ADDRESS:	Lab Report Date: SPECIMEN ID: SPECIMEN TYPE: NASOPHARYNGELSWAB SPECIMEN COLLECTION DATE: DATE OF SERVICE:  <small>Electronically signed by Lab Director Lindsay Dellamaggiore, MD</small>	C/O: US HEALTH CLINICS 6850 Sepulveda Blvd, Ste 210 Van Nuys, CA 91405