

TIME 1455 pt to return for b/w SRC:UR		Additional Information DOB: 01/15/90 FASTING		Clinical Information 12/20/2011 11:46ET	
Patient Name QUINN, ROBERT C		Sex M	Age (Yr/Mo) 021.10	Physician ID YASSIN	Patient ID TVOL 0000
Pat. Addr. 19 POMONA DR Barnegat, NJ 08005-		Account M YASSIN MD 29407320		87 87	
Date Collected 12/08/11	Date Entered 12/08/11	Date Reported 12/10/11	INQY 115 LACEY RD FORKED RIVER, NJ 08731- 609-971-0010 NJT		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chlamydia/GC Amplification					
Chlamydia trachomatis, NAA	NEG			Negative	01
Neisseria gonorrhoeae, NAA	NEG			Negative	01
Please note:					01
Acceptable specimens for this test are male urethral swab, endocervical swab and liquid based pap specimens, vaginal swabs in APTIMA transports and first void urine. See online Directory of Services for test number for rectal and pharyngeal specimens.					

01 RN	LABCORP RARITAN		DIR: MICHAEL J MAHONEY, MD		
	69 FIRST AVENUE, RARITAN, NJ		08869-1800		

DIRECTOR: MICHAEL J MAHONEY, MD					
For inquiries, the physician may contact BRANCH: 800-762-4522 LAB: 800-631-5250					
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REPORT PHONE

QUINN, ROBERT C

12/21/2011

REPORT

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