

Client: Rolling Meadows IL Client Code: OUT Supervised By: Manager on duty Address: 2358 Hassell Rd. Hoffman Estates, IL 60169 Phone: 847-636-2667 Fax:

| Address: 2550 Hassell Na. Hollman Estates, 12 00105 | | | 1 Hone: 617 656 2667 | | I GA. | |
|---|-----------------|----------------|-----------------------------------|-----------------------------|-------|--|
| Patient: Sidereas,Kathryn | | | Order ID: MK-1642803194184 | | | |
| ID: | DOB: 04/24/1978 | Gender: Female | Collected: 01/21/2022 04:12 PM | Reported: 01/21/2022 18: | 39 PM | |
| Unit: | | Room: | | | | |
| Phone: (847) 736-2699 | | | Specimen Type: NASAL SWAB | | | |
| Address: 611 E Grove St, Arlington Heights, IL, 60005 | | | Physicians: | | | |

| Test | Result | Flag | Unit | Ref Range |
|---------------------------------------|----------|--------|------|-----------|
| COVID- 19 SARS -COV- 2, RAPID ANTIGEN | NEGATIVE | NORMAL | | NEGATIVE |

This test is performed using COVID-19 Antigen Test kit by Access Bio for the Detection of COVID-19 (SARS-CoV-2) RNA. The test has been received Emergency Use Authorization (EUA) by US Food and Drug Administration. The test performance characteristics were determined by the M K LABS INC, Hoffman Estates, Illinois. The laboratory is certified under CLIA Wavier to perform testing on human clinical specimens.

CLIA ID# 14D22 38829

This test was validated, and its performance determined by M K LABS INC. It has not been cleared or approved by FDA. Since FDA clearance is not required for clinical use of this laboratory developed test, this laboratory has established and validated the test's accuracy and precision, pursuant to the requirements of CLIA'88. Presumptive tests are indicated as (EUA). All other tests are confirmatory LCMS tests.

Lab Tech: SUPERVISOR Report Date: 01/21/2022 18:39 PM Lab Director: Samira Syed