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

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|--|-----------------|--------------|-----------------------------------|----------------------------------|
| Patient: Patterson Jr,Gale | | | Order ID: MK-1642700976049 | |
| ID: | DOB: 09/21/1970 | Gender: Male | Collected: 01/20/2022 11:47 AM | Reported: 01/20/2022 15:35 PM |
| Unit: | | Room: | | |
| Phone: (224) 345-1923 | | | Specimen Type: NASAL SWAB | |
| Address: 505 Howard Ave, Rockford, Il, 61102 | | | 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.

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| Lab Tech: SUPERVISOR | Report Date: 01/20/2022 15:35 PM | Lab Director: Samira Syed |
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