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 Laboratory Director: **Samar Roy, PhD**
 CLIA#: 33D0985206



Client: SALEM, ASHRAF MD 3713
 722 CHURCH AVE
 BROOKLYN, NY 11218
 (212) 268-4319 Fax: () -
Phys:

Patient: [REDACTED]
 [REDACTED]
 [REDACTED]
DOB. [REDACTED] **Age** [REDACTED] **Sex** [REDACTED]
Phone: () - **ID#:** A2406280050

Accession: 2406280050	Coll. Date: 06/27/24	Recv. Date: 06/28/24	Print Date: 08/06/24
Chart#	Coll. Time: 23:59	Recv. Time: 13:32	Print Time: 13:14
First reported on:	06/29/24	Final report date:	06/29/24

Clinical Report:

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

SARS-CoV-2 **POSITIVE**

Test Name	Within Range	Out Of Range	Ref.Range	Units	Previous Result (Date)
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MOLECULAR TESTING

SARS-CoV-2	POSITIVE
INFLUENZA A	NEGATIVE
INFLUENZA B	NEGATIVE
RSV	NEGATIVE

Report Status: FINAL

END OF REPORT