## SAMPLE REPORT

**Patient Last Name**  
**Patient First Name**  
**Patient Middle Name**  

**Age (Y/M/D)** | **Date of Birth** | **Sex** | **Fasting**
---|---|---|---
56/07/24 | 01/01/60 | F |

**Patient Address**

**Date and Time Collected** | **Date Entered** | **Date and Time Reported** | **Physician Name** | **NPI** | **Physician ID**
---|---|---|---|---|---
08/25/16 00:00 | 08/25/16 | | | | |

## Tests Ordered

**M genitalium NAA, Urine**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Flag</th>
<th>Units</th>
<th>Reference Interval</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mycoplasma genitalium NAA</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**  
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

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DOC1 Ver: 1.49
**ABNORMAL REPORT**

**M genitalium NAA, Urine**

**Mycoplasma genitalium NAA**  Positive  Abnormal  
**Comment:**
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>M genitalium NAA, Urine</td>
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</tbody>
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<thead>
<tr>
<th>Tests</th>
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<th>Flag</th>
<th>Units</th>
<th>Reference Interval</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>M genitalium NAA, Urine</td>
<td>Positive</td>
<td>Abnormal</td>
<td>Negative</td>
<td>01</td>
<td>01</td>
</tr>
</tbody>
</table>

For inquiries, the physician may contact Branch: 800-222-7566  Lab: 336-436-2762