

| Patient Information | Specimen Information | Client Information |
|---|--|--------------------|
| DOB: AGE: Gender: Phone: Patient ID: | Specimen: Requisition Lab Ref #: Collected: Received: Reported: | |

COMMENTS: FASTING:UNKNOWN

| Test Name | In Range | Out Of Range | Reference Range | Lab |
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CULTURE, BLOOD

MICRO NUMBER: 70099365
 TEST STATUS: FINAL
 SPECIMEN SOURCE: BLOOD
 SPECIMEN QUALITY: ADEQUATE
 RESULT: No growth after 5 days

We received blood culture bottles with no test indicated or an order for aerobic culture or aerobic/anaerobic culture. Based upon the specimen submitted, a blood culture test was performed. If this is not what you intended to order, please contact your local client service representative immediately so that we can adjust our billing appropriately. You may also inquire about alternative or additional testing.