



PATIENT: XXXXXXXXXXXXXXXXXXXX

TEST REF: TST-NL-XXXXX

TEST NUMBER: T-NL-111111 (1111111111111)

COLLECTED: 10/27/2019

PRACTITIONER:

GENDER: Male

RECEIVED: 10/31/2019

XXXXXXXXXXXXXXXXXXXX

AGE: XX

TESTED: 11/13/2019

XXXXXXXXXXXXXXXXXXXX

TEST NAME: Microbiology with Sensitivities (bacteria & yeast)

Empty rounded rectangular box for test results.

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