



Referrer **Dr Danae M Cole**

Address **ATHERTON CLINIC 2 WYLIE ST
ATHERTON QLD 4883**

Phone **0740912300**

Lab ID **668043290**

DOB **10/12/1969 (52 Yrs FEMALE)**

Your ref. **16558**

Address **5 MOFFAT DRIVE
TOLGA QLD 4882**

Phone **0400051434**

Copy to

Clinical Notes **Arthralgia/myalgia, cough 2 weeks**

Requested **26/09/2022**

Collected **26/09/2022 15:05**

Received **26/09/2022 15:07**

Cytomegalovirus (CMV) Serology

CMV IgG (CLIA)

Positive

CMV IgM (CLIA)

Negative

Comments

Serological evidence of past exposure to CMV.

CH

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