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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|------------------------------------|-----------------------------------------------|------------|
| <b>Ordering Provider:</b><br>JIM D THOMPSON, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | <b>Patient Name:</b> WINTER, JOCELYN L                        |                                    |                                               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | <b>Patient ID (MRN):</b> AANT8798                             |                                    | <b>Client PT ID (MRN):</b>                    |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | <b>Date of Birth:</b> 5/17/1991 <b>Sex:</b> F <b>Age:</b> 33Y |                                    |                                               |            |
| <b>Location:</b> ONS;1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | <b>Patient Phone #:</b> (505) 480-8995                        |                                    | <b>Portal Patient ID:</b> 66986326            |            |
| <b>Requisition#:</b><br>333365322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Report Status:</b><br>Preliminary | <b>Collection Date/Time:</b><br>04/07/2025 11:17              |                                    | <b>Receive Date/Time:</b><br>04/07/2025 15:34 |            |
| <b>Test Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Flag</b>                          | <b>Result</b>                                                 | <b>Ref Range</b>                   | <b>Units</b>                                  | <b>Lab</b> |
| <b>Chlamydia/GC Amp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                               |                                    |                                               |            |
| Specimen source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | Urine                                                         |                                    |                                               | {TC}       |
| Chlamydia Amp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | Negative for Chlamydia trachomatis                            | Negative for Chlamydia trachomatis |                                               | {TC}       |
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| GC Amplification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Negative for Neisseria gonorrhoeae                            | Negative for Neisseria gonorrhoeae |                                               | {TC}       |
| STD comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | Performed by nucleic acid amplification.                      |                                    |                                               | {TC}       |
| {TC} = Performed at TriCore Reference Laboratories, 1001 Woodward PL NE, Albuquerque, NM 87102. CLIA 32D0534957 David Grenache, PhD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                               |                                    |                                               |            |

Legend: H= High, L= Low, @= Abnormal, \*= Critical Value

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