

**Provider:**  
**Patient:**  
**External ID:**

**Sex:**  
**Date of Birth:**  
**Accession #:**

**Collected:**  
**Received:**  
**Completed:**

Tests - Throat Swab	Results	Flag	Reference Range
Chlamydia trachomatis DNA	Negative		Negative
Neisseria gonorrhoeae DNA	Negative		Negative

**About These Tests:**

Test results should be evaluated in relation to patient symptoms, clinical history, and other laboratory findings. Individuals should review their results with a healthcare provider.