



# Alabama Department of Public Health

## Bureau of Clinical Laboratories

Prattville Laboratory  
P.O. Box 1000  
Prattville, AL 36067-9901  
(334) 290-6130

Mobile Laboratory  
757 Museum Drive  
Mobile, AL 36608  
(251) 344-6049

<http://www.alabamapublichealth.gov/bcl>

**Report To** LAB RESULTS  
AUM NURSING CARE CENTER  
IRMA B. MOORE HALL RM.102  
P.O. BOX 244023  
MONTGOMERY, AL 36124-4023  
USA

### Patient Information

|                            |                                                                        |                      |                           |
|----------------------------|------------------------------------------------------------------------|----------------------|---------------------------|
| <b>Contact Details</b>     | ALLISON HENDRICKS<br>8262 FAIRHAVEN LANE #8262<br>Montgomery, AL 36117 | <b>Date of Birth</b> | 8/19/1992                 |
|                            |                                                                        | <b>Gender</b>        | Female                    |
|                            |                                                                        | <b>Race</b>          | Black or African American |
|                            |                                                                        | <b>Ethnicity</b>     | Not Hispanic              |
| <b>County of Residence</b> | Montgomery                                                             | <b>Patient ID</b>    | X2368230                  |

### Sample Information

|                         |                    |                       |                    |
|-------------------------|--------------------|-----------------------|--------------------|
| <b>Sample ID</b>        | HENDRICKS, ALLISON | <b>Date Collected</b> | 11/2/2020          |
| <b>Lab ID</b>           | E2011001507-01     | <b>Date Received</b>  | 11/4/2020 10:54 AM |
| <b>Chain of Custody</b> | 3194574            | <b>Date Reported</b>  | 11/5/2020 12:47 PM |
| <b>Specimen Source</b>  | Urine              | <b>Lab Site</b>       | BCL Mobile         |
| <b>Description</b>      |                    |                       |                    |

### Additional Information

**NPI Information**  
NPI Provider's First Name? LINDSEY  
NPI Provider's Last Name? BARTON

### Comments

The performance of Oral and Rectal Swabs are not FDA approved, but have been validated by the BCL for CT and GC specimens, but not for TV. TV assay is not FDA approved for male patients, but the BCL has validated it for males.

### Results

| Test/Observation      | Result      | Method / Ref Range          |
|-----------------------|-------------|-----------------------------|
| -- SEROLOGY CT-GC --  |             |                             |
| Chlamydia Trachomatis | NONREACTIVE | APTIMA NAAT Combo 2 Assay / |
| Neisseria Gonorrhoeae | NONREACTIVE | APTIMA NAAT Combo 2 Assay / |
| -- SEROLOGY TV --     |             |                             |
| Trichomonas Vaginalis | REACTIVE    | APTIMA NAAT Assay /         |



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| <b>County of Residence</b> | Montgomery                                                             | <b>Patient ID</b>    | X2368230                  |

### Sample Information

|                         |                   |                       |                    |
|-------------------------|-------------------|-----------------------|--------------------|
| <b>Sample ID</b>        | HENDRICKS,ALLISON | <b>Date Collected</b> | 11/2/2020          |
| <b>Lab ID</b>           | E2011001407-01    | <b>Date Received</b>  | 11/4/2020 10:08 AM |
| <b>Chain of Custody</b> | 3194540           | <b>Date Reported</b>  | 11/5/2020 12:46 PM |
| <b>Specimen Source</b>  | Blood             | <b>Lab Site</b>       | BCL Mobile         |
| <b>Description</b>      |                   |                       |                    |

### Additional Information

**Bill to question for payment**  
Bill To ADPH STD Program (08)

**NPI Information**  
NPI Provider's First Name? LINDSEY  
NPI Provider's Last Name? BARTON

### Results

| Test/Observation          | Result      | Method / Ref Range         |
|---------------------------|-------------|----------------------------|
| --- SEROLOGY SYPHILIS --- |             |                            |
| Syphilis Screen           | NONREACTIVE | Syphilis Ab Multiplex IA / |