

**Auburn Montgomery Student Health Services**

7461 East Dr  
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**Laboratory Results****Patient Name:** KAITLYN STUART**Order Date:** 08/31/2023**MRN:** 5043**DOB:** 04/11/1992**Phone:** (256) 283-2268**Gender:** FEMALE**Placer Order ID:** 00929282**Physician:** BARTON**Filler Order ID:** AL480522F**Physician ID:** 1215285879**Specimen Date:** 08/31/2023 9:28 AM**Fasting:****Result Date:** 09/03/2023 3:27 PM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**CULTURE, URINE, ROUTINE****URAP0S1 STATUS: FINAL**

| <u>Test Name</u>      | <u>Abnormal</u> | <u>Result Value</u> | <u>Unit of Measure</u> | <u>Ref Range</u> | <u>Status</u> | <u>Producer ID</u> |
|-----------------------|-----------------|---------------------|------------------------|------------------|---------------|--------------------|
| ISOLATE               |                 |                     |                        |                  | F             | AT                 |
| Enterococcus faecalis |                 |                     |                        |                  |               |                    |
| AMPICILLIN            | S               | <=2.0               | mcg/ml                 |                  | F             | AT                 |
| VANCOMYCIN            | S               | 1.0                 | mcg/ml                 |                  | F             | AT                 |
| NITROFURANTOIN        | S               | <=16.0              | mcg/ml                 |                  | F             | AT                 |

**Legend:**

S = Susceptible I = Intermediate  
R = Resistant NS = Not susceptible  
\* = Not tested NR = Not reported  
\*\*NN = See antimicrobial comments

**Lab**

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YOUNG ANDREW

**Comments:****Confidential**