MYCOTOXIN PANEL REPORT FORM
10/03/2014

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Patient:
Patient Date of Birth:
Date of Receipt:
Date of Report:
Ordering Physician:
Direct Labs
4040 Florida St., Ste. 202, Mandeville, LA 70448

Accession No:
MRN:
Date of Service:
Specimen: **Urine**

Procedure Type

Ochratoxin A - Procedure by ELISA
Aflatoxin Group - Procedure by ELISA
Trichothecene Group - Procedure by ELISA

Results:

Code	Test	Specimen	Value	Result	Negative if less than	Equivocal if between	Positive if greater or equal
E8501	Ochratoxin A	Urine	0 ppb	Negative	1.8 ppb	1.8-2.0 ppb	2.0 ppb

Director Signature _____

Tests such as this should be used only in conjunction with other medically established diagnostic elements (e.g.,symptoms, history, clinical impressions, results from other tests, etc). Physicians should use all the information available to them to diagnose and determine appropriate treatment for their patients.
Disclaimer: This test was developed and its performance characteristics determined by RealTime Lab. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.