

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 7/19/1992  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Mycoplasma hominis Culture, Urogenital Source**

ARUP test code 2003294

Collected: 00/00/0000 00:00 MT  
Started: 00/00/0000 00:00 MT

Source: **Genital**

Body Site: **Vagina**

Free Text Sources: **Vaginal Specimen Swab**

**Final Report**

Culture negative for Mycoplasma hominis

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Mycoplasma hominis Culture, Urogenital Source	23-118-124041	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

**S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate, SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available**

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: