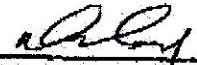


1st Stage Tuberculin Report for ARCpoint Labs Clients**Patient Name:** KATELYN M COLLERAN**DOB:** 1/15/1996**Employer:** SELF**1st Stage****Administer Date:** ^{mm.} 1:50pm 3/6/19 **Time:** 1:50pm**Result read (needs to occur 48-72 hours after administered):****Read Date:** 3/8/19 **Time:** 1:50pm**Result (check one):** Negative ☒ Positive ☐**Read by (sign):** **Testing provided by Southern Berks Family Medicine PC, 2209 Quarry Dr, Suite C-34 West Lawn, PA****FAX copy of report to ARCpoint Labs after completion of result read. FAX: 610-816-7450**