

1-800-533-1710

PATIENT NAME TESTING, 84408 IS		PATIENT NUMBER L3MRNG9153675		AGE 30	SEX F	ACCESSION # G9153675
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/26/10 11:04 A	RECEIVED 07/26/10 11:04 A	REPORT PRINTED 07/26/10 12:26 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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Helicobacter pylori Ab, IgM, S

Helicobacter pylori Ab, IgM, S	Equivocal	Negative	SDL
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Recommend follow-up testing in 10-14 days if clinically indicated.

Index Value	37.00		SDL
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 Results with index values of ≥ 36.00 but ≤ 40.00 are equivocal.

Research Use Only

* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 84408 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 07/26/10 11:04 A
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