

1-800-533-1710

PATIENT NAME TESTING, 84409 IS		PATIENT NUMBER L3MRNG9153677		AGE 30	SEX F	ACCESSION # G9153677
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/26/10 11:17 A	RECEIVED 07/26/10 11:17 A	REPORT PRINTED 07/26/10 12:28 P		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
Helicobacter pylori Ab, IgA, S				
Helicobacter pylori Ab, IgA, S			Equivocal	Negative SDL
Recommend follow-up testing in 10-14 days if clinically indicated.				
Index Value			18.00	SDL
Results with index values of =>18.00 but <=20.00 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, 84409 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 07/26/10 11:17 A
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