MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 60357	L3MRNG9156381	55	M	G9156381

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
TESTING,60357		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
09/21/10 08:18 A	09/21/10 08:18 A	09/21/10 10:30 A	DATE OF BIRTH:

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
HIV-1/-2 Ab Confirm Eval, S				
HIV-1 Ab, Western Blot Assay, S		**Positive**	**Negative**	**SDL**
REPORTABLE DISEASE				
Western Blot bands				**SDL**

The Association of Public Health Laboratories recommends verification of positive test results prior to the clinical diagnosis of HIV infection. A second sample should be submitted to verify all positive results.
Western blot should be ordered only on specimens that are repeatedly reactive by a FDA-licensed HIV-1/2 antibody screening EIA or rapid HIV antibody test.
An HIV-1 Western blot is interpreted as positive when at least two of the following three bands are present: p24, gp41, and gp120/160. Verification of all positive blots with a second serum specimen is recommended.

HIV-1/-2 Ab Screen Hemolyzed, S				
HIV-1/-2 Ab Screen Hemolyzed, S		**Reactive**	**Negative**	**SDL**

*** 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.

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 60357	Final	09/21/10 08:18 A

Specimen receipt and report times are in CST/CDT

REPRINT