

1-800-533-1710

PATIENT NAME TESTING, 91752		PATIENT NUMBER L3MRNG9163312		AGE 50	SEX F	ACCESSION # G9163312
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 01/17/11 09:33 A	RECEIVED 01/17/11 09:33 A	REPORT PRINTED 01/17/11 10:25 A		SPECIMEN INFORMATION DATE OF BIRTH: 6/19/1960		
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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VZV Direct Detection
VZV DFA
NOT DETECTED
REF

Test Performed by: Focus Diagnostics, Inc.
 5785 Corporate Avenue
 Cypress, CA 90630-4750

* PERFORMING SITE

PATIENT NAME TESTING, 91752	ORDER STATUS Final	COLLECTION DATE AND TIME 01/17/11 09:33 A
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