REPORTED: 02/01/11 08:53 A

REF



1-800-533-1710

Crystal Report #1

PATIENT N	NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 91830			L3MRNG9164043		45	F	G9164043		
ORDERING	G PHYSICIAN			CLIENT ORD	ER#	_			ACCOUNT # LIAISONS
COLLECTI	ON	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
02/01/11 08:37 A				02/01/11	10:06 A	DATE OF BIRTH:			
DATE	TIME	DATE	TIME	DATE	TIME				
Test Client Attn: Mayo Liaisons									
200 First Street SW									
Rochest	er, MN 55905								
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Candida Antigen and Antibody Panel

Candida Albicans Ag <1:2

A ...

Detection

REFERENCE RANGE: <1:2

INTERPRETIVE CRITERIA:

<1:2 Antigen Not Detected

> or = 1:2 Antigen Detected

Detection of Candida albicans antigen in serum is highly suggestive of systemic or disseminated candidiasis.

C. Albicans IgG <1.0 REF
C. Albicans IgA <1.0 REF
C. Albicans IgM <1.0 REF

REFERENCE RANGE: <1.0 INTERPRETIVE CRITERIA:

<1.0 Antibody not detected

> or = 1.0 Antibody detected

Systemic candidiasis is often characterized by markedly elevated levels of IgG, IgA, and IgM recognizing Candida. However, interpretation of Candida antibody levels is complicated by detection of antibodies in 20-30% of healthy individuals, and blunted antibody responses in immunocompromised patients at risk for systemic candidiasis. Candida antibody results should be considered within the context of clinical findings and results from other relevant laboratory tests, such as Candida antigen detection and/or culture. This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

* Perform Site Legend on last page of report

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91830	Final	02/01/11 08:37 A

PERFORM SITE *

REF RANGE



1-800-533-1710

TEST REQUESTED

Crystal Report #1

PATIENT NAME	•	•	PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 91830			L3MRNG91	L3MRNG9164043			F	G9164043
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT #
								LIAISONS
COLLECTION RECEIVED			REPORT PR	REPORT PRINTED SPEC		ATION		
02/01/11 08:37 A			02/01/11	10:06 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								
	HI				<u> </u>			

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

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* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME			
TESTING, 91830	Final	02/01/11 08:37 A			