MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 91946	L3MRNG9167660	50	F	G9167660

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/30/11 02:40 P		04/05/11 08:33 A	DATE OF BIRTH: 9/16/1960

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

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Enterovirus Panel II, CF (CSF)			**REPORTED: 03/30/11 03:53 P**	
Coxsackie A2 Ab		<1:1		REF
Coxsackie A4 Ab	H	1:1		REF
Coxsackie A7 Ab	H	1:2		REF
Coxsackie A9 Ab	H	1:4		REF
Coxsackie A10 Ab	H	1:8		REF
Coxsackie A16 Ab	H	>=1:8		REF

```
REFERENCE RANGE:  <1:1
INTERPRETIVE CRITERIA:
                  <1:1  Antibody Not Detected
            > or = 1:1  Antibody Detected
Diagnosis of infections of the central nervous
system is accomplished by demonstrating the
presence of intrathecally-produced specific
antibody. Interpretation of results may be
complicated by low antibody levels found in CSF,
passive transfer of antibody from blood, and
contamination via bloody taps. The interpretation
of CSF results must consider CSF-serum antibody
ratios to the infectious agent.
This test was developed and its performance
characteristics have been determined by Focus
Diagnostics. Performance characteristics refer to
the analytical performance of the test.
```

Coxsackie B1 Ab	H	>=1:8		REF
Coxsackie B2 Ab	H	1:8		REF
Coxsackie B3 Ab	H	1:4		REF
Coxsackie B4 Ab	H	1:2		REF
Coxsackie B5 Ab	H	1:1		REF
Coxsackie B6 Ab		<1:1		REF

```
REFERENCE RANGE:  <1:1
```

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91946	Final	03/30/11 02:40 P

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 91946	L3MRNG9167660	50	F	G9167660

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/30/11 02:40 P		04/05/11 08:33 A	DATE OF BIRTH: 9/16/1960

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

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
INTERPRETIVE CRITERIA:				
<1:1 Antibody Not Detected				
> or = 1:1 Antibody Detected				
Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.				
This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.				
Echovirus 4 Ab		**<1:1**		**REF**
Echovirus 7 Ab	**H**	**1:1**		**REF**
Echovirus 9 Ab	**H**	**1:2**		**REF**
Echovirus 11 Ab	**H**	**1:4**		**REF**
Echovirus 30 Ab	**H**	**1:8**		**REF**
REFERENCE RANGE: <1:1				
INTERPRETIVE CRITERIA:				
<1:1 Antibody Not Detected				
> or = 1:1 Antibody Detected				
Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation				

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91946	Final	03/30/11 02:40 P

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 91946	L3MRNG9167660	50	F	G9167660

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/30/11 02:40 P		04/05/11 08:33 A	DATE OF BIRTH: 9/16/1960

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

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
of CSF results must consider CSF-serum antibody ratios to the infectious agent. This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.				
Poliovirus 1 Ab		**<1:1**		**REF**
Poliovirus 2 Ab	**H**	**1:8**		**REF**
Poliovirus 3 Ab	**H**	**>=1:16**		**REF**

REFERENCE RANGE: <1:1
INTERPRETIVE CRITERIA:
<1:1 Antibody Not Detected
> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system is accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.
This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.
Test Performed by: Focus Diagnostics, Inc.
5785 Corporate Avenue
Cypress, CA 90630-4750

* PERFORMING SITE

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91946	Final	03/30/11 02:40 P

MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 91946	L3MRNG9167660	50	F	G9167660

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/30/11 02:40 P		04/05/11 08:33 A	DATE OF BIRTH: 9/16/1960

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

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91946	Final	03/30/11 02:40 P