

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TEST, IMPLEMENTATION TESTING	321	56	M	X100022109
Ordering Phys			•	DOB
TESTING				05/23/1955
Client Order #	Account Information	1		Report Notes
X100022109				
Collected	C7028846-DLMP RC	CHESTER		
02/07/2012 08:30	3050 SUPERIOR DR	3050 SUPERIOR DRIVE		
Printed	ROCHESTER,MN 55	901		
02/08/2012 10:06				

Test	Flag	Results	Unit	Reference Value	Perform Site*
MVista Histoplasma Ag, S			REPORTED 02	/07/2012 12:55	
Result:		None Detected	ng/mL		Y07
					6
Comment		Negative			Y07
					6

Reference interval: None Detected Results reported as ng/mL in 0.4 - 19 ng/mL Results above the limit of detection but below 0.4 ng/mL are reported as 'Positive, Below the Limit of Quantification' Results above 19 ng/mL are reported as 'Positive, Above the Limit of Quantification'

## \* Performing Site:

	3		
Y076	MiraVista Diagnostics	Lab Director:	
1076	4444 Decatur Blvd Suite 300 Indianapolis IN 46241	Lab Director:	

Patient Name	Collection Date and Time	Report Status
TEST,IMPLEMENTATION TESTING	02/07/2012 08:30	Final
Page 1 of 1	** Reprinted **	** End of Report **

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT