

## **Laboratory Service Report**

1-800-533-1710

Patient Name TESTINGRNV,HV1CDTED	Patient ID SA00053073	<b>Age</b> 23	Gender M	Order # SA00053073	
Ordering Phys CLIENT,CLIENT		·	·	<b>DOB</b> 01/24/1990	
Client Order # SA00053073	Account Information	1		Report Notes	
<b>Collected</b> 01/24/2013	C7028846-DLMP RO 3050 SUPERIOR DRI	VE			
<b>Printed</b> 01/30/2013 11:41	ROCHESTER,MN 55	901			

Reference Perform Unit Test Flag Results Value Site\* REPORTED 01/25/2013 14:42 HIV-2 Ab Eval, S SDL AΒ Reactive Negative Confirmatory HIV-2 antibody immunoblot test is ordered. Confirmatory test is the definitive test for HIV-2 infection. A cadaveric or hemolyzed specimen was received for testing. Hemoglobin could interfere with test results. Interpret result with caution. Testing is performed using the Bio-Rad GS HIV-2 antibody enzyme immunoassay. REPORTED 01/25/2013 14:45 HTV-2 Ab Confirmation, S SDL AB Positive Negative Bands detected: p24, gp36 The U.S. Association of Public Health Laboratories recommends verification of first-time positive test results for the diagnosis of HIV infection. A second specimen should be submitted for testing to verify this positive test result. For research use only. REPORTED 01/25/2013 14:38 HIV-1/-2 Cadaver/Hemolyzed, S AΒ Reactive Negative SDL Western blot confirmatory test is ordered. Confirmatory test is the definitive test for HIV-1/-2 infection. Testing is performed using the Bio-Rad GS HIV-1/HIV-2 Plus O antibody enzyme immunoassay. HIV-1/-2 Ab Confirm Eval, S REPORTED 01/25/2013 14:40 HIV-1 Ab Confirm Western Blot, S Negative Negative SDL No bands detected. If acute HIV infection is suspected in a high-risk individual, HIV-1 and/or HIV-2 nucleic acid test is recommended, and a plasma specimen needs to be collected and submitted for testing. A cadaveric or hemolyzed specimen was received for testing. Hemoglobin could interfere with test results. Interpret result with

## \* Performing Site:

caution.

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:	

Patient Name TESTINGRNV,HV1CDTED	Collection Date and Time 01/24/2013	Report Status Final
Page 1 of 1	** Reprinted **	** End of Report **

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