

<b>Patient Name</b> TESTINGRNV,HV1CMTED	<b>Patient ID</b> SA00053072	<b>Age</b> 23	<b>Gender</b> M	<b>Order #</b> SA00053072
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 01/24/1990
<b>Client Order #</b> SA00053072	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 01/24/2013	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 01/30/2013 12:43				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>HIV-2 Ab Eval, S</b>	AB	Reactive	REPORTED 01/25/2013 14:42	Negative	SDL
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.					
<b>HIV-2 Ab Confirmation, S</b>	AB	Positive	REPORTED 01/25/2013 14:45	Negative	SDL
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.					
<b>HIV-1/-2 Ab Screen Hemolyzed, S</b>	AB	Reactive	REPORTED 01/25/2013 14:38	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.					
<b>HIV-1/-2 Ab Confirm Eval, S</b>		Negative	REPORTED 01/25/2013 14:40	Negative	SDL
HIV-1 Ab Confirm Western Blot, S 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 caution.					

\* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
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<b>Patient Name</b> TESTINGRNV,HV1CMTED	<b>Collection Date and Time</b> 01/24/2013	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT