

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #	
SAMPLEREPORT,FHSPL	SA00053253	42	F	SA00053253	
Ordering Phys CLIENT,CLIENT			•	DOB 06/20/1970	
Client Order # SA00053253	Account Information			Report Notes	
Collected 01/30/2013	3050 Superior Drive	· · · · · · · · · · · · · · · · · · ·			
Printed 03/13/2013 14:18	Rochester, MN 55901				

Test	Flag	Results	Unit	Reference Value	Perform Site*
			REPORTED 02/	01/2013 11:23	
Histamine Plasma		0.25	ng/mL	<1.0	Y16
					5

^{*} This test was developed and its performance characteristics determined by Viracor-IBT Laboratories. It has not been cleared or approved by the FDA.

* Performing Site:

V165	Viracor IBT Laboratories, Interface	Lab Director:	
1 105	1001 NW Technology Dr Lee's Summit, MO 64086	Lab Director:	

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,FHSPL	01/30/2013	Final
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^{*} Report times for Mayo performed tests are CST/CDT