

## **Laboratory Service Report**

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| Patient Name<br>SAMPLEREPORT,HIBLS_NORM | Patient ID<br>SA00065469 | <b>Age</b> 35                                      | Gender<br>M           | <b>Order #</b> SA00065469 |
|---|--------------------------|--|-----------------------|---------------------------|
| Ordering Phys<br>CLIENT, CLIENT         |                          | ·  | <b>DOB</b> 12/15/1978 |                           |
| Client Order #<br>SA00065469            | Account Information      |  | Report Notes          |                           |
| <b>Collected</b> 02/05/2014 00:00       | SDSC 2 - Client Support  | C7028846-DLMP Rochester<br>SDSC 2 - Client Support |                       |                           |
| <b>Printed</b> 03/28/2014 14:25         | Rochester, MN 55901      | Rochester, MN 55901                                |                       |                           |

| Test  | Flag Results                   | Unit | Reference<br>Value | Perform<br>Site* |
|---|--------------------------------|------|--------------------|------------------|
| Histoplasma/Blastomyces Panel, S              |                                |      |                    |                  |
| <b>RECEIVED:</b> 02/06/2014 07:13 <b>REPO</b> | RTED: 02/06/2014 12:33         |      |                    |                  |
| Histoplasma Ab Screen, S                      | Negative                       |      | Negative           | SDL              |
| A single negative result                      | does not exclude the diagnosis |      |                    |                  |
| of histoplasmosis. Repe                       | at testing on a new sample in  |      |                    |                  |
| 7-14 days if clinically                       | indicated.                     |      |                    |                  |
| Blastomyces Ab, EIA, S                        | Negative                       |      | Negative           | SDL              |
| A single negative result                      | does not exclude               |      |                    |                  |
| the diagnosis of blastom                      | ycosis. Repeat                 |      |                    |                  |
| testing on a new sample                       | in 7-14 days if                |      |                    |                  |
| clinically indicated.                         |                                |      |                    |                  |

## \* Performing Site:

|     | 3   |               |  |
|-----|---|---------------|--|
| SDL | Mayo Clinic Laboratories - Rochester Superior Drive<br>3050 Superior Dr. NW Rochester, MN 55901 | Lab Director: |  |

| Patient Name            | Collection Date and Time | Report Status       |  |
|-------------------------|--------------------------|---------------------|--|
| SAMPLEREPORT,HIBLS_NORM | 02/05/2014 00:00         | Final               |  |
| Page 1 of 1             |                          | ** End of Report ** |  |