

<b>Patient Name</b> TESTINGRNV,HIVDI	<b>Patient ID</b> SA00066829	<b>Age</b> 21	<b>Gender</b> F	<b>Order #</b> SA00066829
<b>Ordering Phys</b> CLIENT,CLIENT			<b>DOB</b> 01/02/1993	
<b>Client Order #</b> SA00066829	<b>Account Information</b> C7028846-DLMP Rochester SDSC 2 - Client Support Rochester, MN 55901			<b>Report Notes</b>
<b>Collected</b> 04/13/2014 00:00				
<b>Printed</b> 04/18/2014 10:36				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>HIV-1/-2 Ab Differentiation, S</b>					
<b>RECEIVED:</b> 04/14/2014 11:47 <b>REPORTED:</b> 04/14/2014 11:50					
HIV-1 Ab Differentiation, S		Indeterminate		Negative	SDL
Confirmatory HIV-1 antibody test is ordered.					
HIV-2 Ab Differentiation, S		Negative		Negative	SDL
<b>HIV-1 Ab Confirm by Western Blot, S</b>					
<b>RECEIVED:</b> 04/14/2014 11:47 <b>REPORTED:</b> 04/14/2014 11:51					
HIV-1 Ab Confirm Western Blot, S		Negative		Negative	SDL
No bands detected. If acute HIV infection is suspected in a high-risk individual, submit specimen for HIV-1 RNA quantification test (HIVQU) or HIV-1 proviral DNA test (PHIV). Request HIV-2 DNA/RNA test (FHV2Q) for individuals at risk for HIV-2 infection.					

\* 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,HIVDI	<b>Collection Date and Time</b> 04/13/2014 00:00	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT