

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name TESTING,23878	Patient ID	Age	Gender	<b>Order #</b> W2748658
Ordering Phys		DOB		
Client Order # W2748658	Account Information C7999998-STUSTEST	Report N	lotes	
<b>Collected</b> 09/28/2009 06:00	200 FIRST STREET SW ROCHESTER, MN 55901			
<b>Printed</b> 09/29/2009 08:52	(507)266-5730			

Test	Flag Results	Unit	Reference Value	Perform Site*
HIV-1/-2 Ab Confirm Eval, S		REPORTED 0	9/28/2009 10:33	
HIV-1 Ab, Western Blot Assay, S	Positive		Negative	SDL
REPORTABLE DISEASE Western Blot bands The Association of Public H verification of positive te diagnosis of HIV infection. submitted to verify all pos	st results prior to the cli A second sample should be			SDL
Western blot should be order repeatedly reactive by a FD. screening EIA or rapid HIV	A-licensed HIV-1/2 antibody			
An HIV-1 Western blot is in least two of the following gp41, and gp120/160. Verif with a second serum specime:	three bands are present: p2 ication of all positive blo	4,		
		REPORTED 0	9/28/2009 10:33	
HIV-1 Ab Confirm by IFA, S	Negative		Negative	SDL
		REPORTED 0	9/28/2009 10:33	
HIV-2 Ab Screen, S	Negative		Negative	SDL

## \* Performing Site:

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr	Lab Director: Franklin R. Cockerill, III, M.D.
SDL	3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, IVI.D.

Patient Name	Collection Date and Time	Report Status
TESTING,23878	09/28/2009 06:00	Final
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<sup>\*</sup> Report times for Mayo performed tests are CST/CDT