

1-800-533-1710

PATIENT NAME TESTING, 9025 IS				PATIENT NUMBER L3MRNG9160436		<b>AGE</b> 45	SEX M	<b>ACCESSION #</b> G9160436	
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS	
COLLECTION 11/24/10 11:15 A		RECEIVED		REPORT PRINTED 12/06/10 01:24 P		SPECIMEN INFORMA	TION		
DATE	TIME	DATE	TIME	DATE	TIME	DATE OF BIRTH:			
Test Clie	Test Client								
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284	-8202								

HI

TEST REQUESTED LO REF RANGE PERFORM SITE \*

HBs Antibody, S

HBs Antibody, S Negative SDL

Patient is presumed to be not immune to infection with HBV.

-- EXPECTED VALUES -- Unvaccinated: Negative Vaccinated: Positive

HBs Antibody, <5.00 mIU/mL SDL

Quantitative, S

-- EXPECTED VALUES -- Unvaccinated: <5.0 Vaccinated: >=12.0

HBc Total Ab, S

HBc Total Ab, S Negative SDL

HBs Antigen, S

HBs Antigen, S Negative SDL

**HCV** Ab Screen, S

HCV Ab Screen, S Negative SDL

## \* PERFORMING SITE

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

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 9025 IS	Final	11/24/10 11:15 A