

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, CONNI 91948						36	F	W3352765
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
12/14/09 09:02 A	12/14/09 (09:02 A	12/14/09	10:37 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Influenza A H1N1 (2009)

SourceSerumREFInfluenza A RNANot DetectedREF2009 H1N1 InfluenzaNot DetectedREF

RNA

Test Performed by: Focus Diagnostics, Inc.

5785 Corporate Avenue Cypress, CA 90630-4750

Medical Director, Alfred Lui, MD

* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, CONNI 91948	Final	12/14/09 09:02 A