MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 80628	L3MRNW4073495	40	F	W4073495

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
04/18/11 12:25 P	04/18/11 12:25 P	04/18/11 12:49 P	DATE OF BIRTH:

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Giardia Antibody, IFA			**REPORTED: 04/18/11 12:29 P**
Giardia Lamblia Ab, IFA	**<1:16**		**REF**

```
REFERENCE RANGE:  <1:16
INTERPRETIVE CRITERIA:
           <1:16  Antibody Not Detected
            1:16  Equivocal; submission of a
                  second specimen (collected
                  3-4 weeks after initial
                  specimen) suggested if
                  clinically warranted.
     > or = 1:32  Antibody Detected
A polyvalent conjugate (recognizing IgG, IgM, and
IgA) is used to detect the presence of antibodies
to Giardia lamblia. A four-fold or greater
increase in titer between acute and convalescent
sera indicates an acute active phase. A single
positive reaction represents previous exposure,
since antibody titers are known to remain high
for at least six months.
This assay was developed and its performance
characteristics have been determined by Focus
Diagnostics. It has not been cleared or approved
by the U.S. Food and Drug Administration. The FDA
has determined that such clearance or approval is
not necessary. Performance characteristics refer
to the analytical performance of the test.
Test Performed by: Focus Diagnostics, Inc.
                    5785 Corporate Avenue
                    Cypress, CA 90630-4750
```

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 80628	Final	04/18/11 12:25 P

MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 80628	L3MRNW4073495	40	F	W4073495

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
04/18/11 12:25 P	04/18/11 12:25 P	04/18/11 12:49 P	DATE OF BIRTH:

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *

* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 80628	Final	04/18/11 12:25 P

Specimen receipt and report times are in CST/CDT

REPRINT