

1-800-533-1710

PATIENT NAME TESTING, 23878		PATIENT NUMBER L3MRNG9168219		AGE 55	SEX M	ACCESSION # G9168219
ORDERING PHYSICIAN TESTING, 23878		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 04/11/11 09:54 A	RECEIVED 04/11/11 09:54 A	REPORT PRINTED 04/26/11 02:56 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
HIV-1/-2 Ab Confirm Eval, S HIV-1 Ab Confirm Western Blot, S	Unreadable		REPORTED: 04/11/11 09:55 A Negative SDL
HIV-1 Ab Confirm by IFA, S HIV-1 Ab Confirm by IFA, S	Negative		REPORTED: 04/11/11 09:56 A Negative SDL
Repeat testing is recommended in 1 to 2 months for those at risk for HIV infection.			
HIV-2 Ab Eval, S HIV-2 Ab Eval, S	Negative		REPORTED: 04/11/11 09:56 A Negative SDL

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 23878	ORDER STATUS Final	COLLECTION DATE AND TIME 04/11/11 09:54 A
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