



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, BLASTO S		PATIENT NUMBER		AGE 25	SEX F	ACCESSION # G9141516
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 12/29/09 10:21 A	RECEIVED 12/29/09 10:21 A	REPORT PRINTED 12/30/09 02:49 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 *
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Blastomyces Ab, Immunodiffusion, S

Blastomyces	Positive	Negative	SDL
Immunodiffusion			
REPORTABLE DISEASE			

* 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, BLASTO S	ORDER STATUS Final	COLLECTION DATE AND TIME 12/29/09 10:21 A
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Specimen receipt and report times are in CST/CDT

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