

<b>Patient Name</b> REPORTVALIDATION,AUTOMATION MI...	<b>Patient ID</b> RVMICMY127	<b>Age</b> 30	<b>Gender</b> M	<b>Order #</b> RVMICMY127
<b>Ordering Phys</b>		<b>DOB</b> 09/01/1981		
<b>Client Order #</b> RVMICMY127	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 11/01/2011 16:52	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 11/03/2011 13:39				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Fungal Culture, Blood</b>				REPORTED 11/03/2011 11:36	MCR
SOURCE: BLOOD					
FUNGAL CULTURE, BLOOD			FINAL		
CANDIDA ALBICANS					
Critical Result.					

\* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director:
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<b>Patient Name</b> REPORTVALIDATION,AUTOMATION MI...	<b>Collection Date and Time</b> 11/01/2011 16:52	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

\* Report times for Mayo performed tests are CST/CDT