

Laboratory Service Report

1-800-533-1710

Patient Name SAMPLEREPORT,ABOPC	Patient ID SA00042014	Age 45	Gender F	Order # SA00042014	
Ordering Phys				DOB 06/10/1966	
Client Order # SA00042014	Account Information			Report Notes	
Collected 01/09/2012	C7028846-DLMP ROC 3050 SUPERIOR DRI	VE			
Printed 01/10/2012 10:40	ROCHESTER,MN 559	901			

				Reference	Perform
Test	Flag	Results	Unit	Value	Site*
Arbovirus Ab Panel IgG and IgM, CSF Calif(LaCrosse) Encep Ab Panel, CSF	7		REPORTED (01/10/2012 10:14	
Calif(LaCrosse) Encep Ab, IgG,CS SEMI-URGENT RESULT		>=1:40		<1:10	SDL
REPORTABLE DISEASE					
Detection of organism-specific suggest central nervous system results are unable to disting antibodies and serum antibodies and serum antibodies the time of lumbar puncture of blood-brain barrier. The result with other laboratory and cliding of central nervous Calif(LaCrosse) Encep Ab, IgM,CS	em infection infection in the second introduced from a local sults should in the system in the syste	on. However, these een intrathecal uced into the CSF at breakdown in the ld be interpreted a prior to a		<1:10	SDL
SEMI-URGENT RESULT					
REPORTABLE DISEASE					
Detection of organism-specific suggest central nervous system results are unable to disting antibodies and serum antibodies the time of lumbar puncture of blood-brain barrier. The resulth other laboratory and clinical diagnosis of central nervous East Equine Enceph Ab Panel, CSF	em infection infection in the second	on. However, these een intrathecal uced into the CSF at breakdown in the ld be interpreted a prior to a			
East Equine Enceph Ab, IgG, CSF		1:20		<1:10	SDL
SEMI-URGENT RESULT					
REPORTABLE DISEASE					
Detection of organism-specific suggest central nervous system results are unable to disting antibodies and serum antibodies the time of lumbar puncture of blood-brain barrier. The resulth other laboratory and clining diagnosis of central nervous	em infection infection in the second in the	on. However, these een intrathecal uced into the CSF at breakdown in the ld be interpreted a prior to a			
East Equine Enceph Ab, IgM, CSF SEMI-URGENT RESULT		>=1:10		<1:10	SDL

Performing Site Legend on Last Page of Report

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,ABOPC	01/09/2012	Final
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^{*} Report times for Mayo performed tests are CST/CDT



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Patient Name SAMPLEREPORT,ABOPC	Patient ID SA00042014	Age 45	Gender F	Order # SA00042014
Ordering Phys				DOB 06/10/1966
Client Order # SA00042014	Account Information			Report Notes
Collected 01/09/2012	3050 SUPERIOR DR	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE		
Printed 01/10/2012 10:40	ROCHESTER,MN 55	901		

Test Flag Results Unit Value Site*

REPORTABLE DISEASE

Detection of organism-specific antibodies in the CSF may suggest central nervous system infection. However, these results are unable to distinguish between intrathecal antibodies and serum antibodies introduced into the CSF at the time of lumbar puncture or from a breakdown in the blood-brain barrier. The results should be interpreted with other laboratory and clinical data prior to a diagnosis of central nervous system infection.

St. Louis Enceph Ab Panel, CSF

St. Louis Enceph Ab, IgG, CSF SEMI-URGENT RESULT 1:10

<1:10

SDL

REPORTABLE DISEASE

Detection of organism-specific antibodies in the CSF may suggest central nervous system infection. However, these results are unable to distinguish between intrathecal antibodies and serum antibodies introduced into the CSF at the time of lumbar puncture or from a breakdown in the blood-brain barrier. The results should be interpreted with other laboratory and clinical data prior to a diagnosis of central nervous system infection.

St. Louis Enceph Ab, IgM, CSF SEMI-URGENT RESULT >=1:10

<1:10

SDL

REPORTABLE DISEASE

Detection of organism-specific antibodies in the CSF may suggest central nervous system infection. However, these results are unable to distinguish between intrathecal antibodies and serum antibodies introduced into the CSF at the time of lumbar puncture or from a breakdown in the blood-brain barrier. The results should be interpreted with other laboratory and clinical data prior to a diagnosis of central nervous system infection.

West Equine Enceph Ab Panel, CSF

West Equine Enceph Ab, IgG, CSF SEMI-URGENT RESULT

1:10

<1:10

SDL

REPORTABLE DISEASE

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1-800-533-1710

Patient Name	Patient ID	Age	Gender		
SAMPLEREPORT, ABOPC	SA00042014	45	F	SA00042014	
Ordering Phys				DOB	
				06/10/1966	
Client Order # SA00042014	Account Information			Report Notes	
	C702004C DI MD DO	CHECTED			
Collected	C7028846-DLMP RO				
01/09/2012	3050 SUPERIOR DRI				
Printed	ROCHESTER,MN 559	901			
01/10/2012 10:40					

Reference Perform Unit Site* Test Flag Results Value Detection of organism-specific antibodies in the CSF may suggest central nervous system infection. However, these results are unable to distinguish between intrathecal antibodies and serum antibodies introduced into the CSF at the time of lumbar puncture or from a breakdown in the blood-brain barrier. The results should be interpreted with other laboratory and clinical data prior to a diagnosis of central nervous system infection. West Equine Enceph Ab, IgM, CSF <1:10 SDL SEMI-URGENT RESULT

REPORTABLE DISEASE

Detection of organism-specific antibodies in the CSF may suggest central nervous system infection. However, these results are unable to distinguish between intrathecal antibodies and serum antibodies introduced into the CSF at the time of lumbar puncture or from a breakdown in the blood-brain barrier. The results should be interpreted with other laboratory and clinical data prior to a diagnosis of central nervous system infection.

* Performing Site:

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S	DL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.]

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,ABOPC	01/09/2012	Final
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