

<b>Patient Name</b> SAMPLEREP,AWNC	<b>Patient ID</b> SA00042018	<b>Age</b> 45	<b>Gender</b> F	<b>Order #</b> SA00042018
<b>Ordering Phys</b>				<b>DOB</b> 06/10/1966
<b>Client Order #</b> SA00042018	<b>Account Information</b> C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			<b>Report Notes</b>
<b>Collected</b> 01/09/2012				
<b>Printed</b> 01/10/2012 12:18				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Arbovirus/West Nile Ab Panel, CSF</b>			REPORTED 01/10/2012 12:11		
Calif(LaCrosse) Encep Ab Panel, CSF					
Calif(LaCrosse) Encep Ab, IgG,CSF		<1:10		<1:10	SDL
Calif(LaCrosse) Encep Ab, IgM,CSF		<1:10		<1:10	SDL
East Equine Enceph Ab Panel, CSF					
East Equine Enceph Ab, IgG, CSF		<1:10		<1:10	SDL
East Equine Enceph Ab, IgM, CSF		<1:10		<1:10	SDL
St. Louis Enceph Ab Panel, CSF					
St. Louis Enceph Ab, IgG, CSF		<1:10		<1:10	SDL
St. Louis Enceph Ab, IgM, CSF		<1:10		<1:10	SDL
West Equine Enceph Ab Panel, CSF					
West Equine Enceph Ab, IgG, CSF		<1:10		<1:10	SDL
West Equine Enceph Ab, IgM, CSF		<1:10		<1:10	SDL
West Nile Virus Ab, IgG and IgM,CSF					
West Nile Virus Ab, IgG, CSF		Negative		Negative	SDL
West Nile Virus Ab, IgM, CSF		Negative		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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<b>Patient Name</b> SAMPLEREP,AWNC	<b>Collection Date and Time</b> 01/09/2012	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT