MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,AWNC	SA00042019	45	F	SA00042019
Ordering Phys				**DOB** 06/10/1966
Client Order # SA00042019	**Account Information**			**Report Notes**
Collected 01/09/2012	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
Printed 01/10/2012 12:17				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Arbovirus/West Nile Ab Panel, CSF			REPORTED 01/10/2012 12:12		
Calif(LaCrosse) Encep Ab Panel, CSF					
Calif(LaCrosse) Encep Ab, IgG,CSF		>=1:40		<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.					
Calif(LaCrosse) Encep Ab, IgM,CSF		>=1:10		<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.					
East Equine Enceph Ab Panel, CSF					
East Equine Enceph Ab, IgG, CSF		1:20		<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.					
East Equine Enceph Ab, IgM, CSF		>=1:10		<1:10	SDL
SEMI-URGENT RESULT					

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* Report times for Mayo performed tests are CST/CDT

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St. Louis Enceph Ab Panel, CSF					
St. Louis Enceph Ab, IgG, CSF		1:20		<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.					
St. Louis Enceph Ab, IgM, CSF		>=1:10		<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.					
West Equine Enceph Ab Panel, CSF					
West Equine Enceph Ab, IgG, CSF		1:10		<1:10	SDL
SEMI-URGENT RESULT REPORTABLE DISEASE					

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West Equine Enceph Ab, IgM, CSF		>=1:10		<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.					
West Nile Virus Ab, IgG and IgM,CSF					
West Nile Virus Ab, IgG, CSF		Positive		Negative	SDL
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 Nile Virus Ab, IgM, CSF		Positive		Negative	SDL
REPORTABLE DISEASE					
Some states may require follow up testing for patients testing positive for antibody to West Nile virus. Please consult your state department of health.					
SEMI-URGENT RESULT					
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					

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Test	Flag	Results	Unit	Reference Value	Perform Site*

diagnosis of central nervous system infection.

* 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.

TEST SITE