

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TEST, IMPLEMENTATION TESTING	321	56	M	X100029519
Ordering Phys			•	DOB
TESTING				05/23/1955
Client Order #	Account Informatio	n		Report Notes
X100029519				_
Collected	C7028846-DLMP ROCHESTER			
04/27/2012 08:00	3050 SUPERIOR DRIVE			
Printed	ROCHESTER,MN 55	5901		
04/30/2012 12:43				

Test Flag Results Unit Reference Perform Value Site*

Lyme Ab Analysis Serum and CSF

Lyme Antibody Analysis, Serum

referring laboratory.

REPORTED 04/27/2012 08:26

Y04 9

Testing is complete. Final copy has been faxed to the

* Performing Site:

Y049 IMUGEN Reference Diagnostic Division
315 Norwood Park South Norwood,MA 02062
Lab Director:

Patient Name		Report Status
TEST,IMPLEMENTATION TESTING	04/27/2012 08:00	Final
Page 1 of 1		** End of Report **

^{*} Report times for Mayo performed tests are CST/CDT