

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #	
SAMPLEREPORT,FSS	SA00050257	46	F	SA00050257	
Ordering Phys		·		DOB 06/10/1966	
Client Order # SA00050257	Account Information			Report Notes	
Collected	C7028846-DLMP RO	CHESTER			
10/31/2012		3050 SUPERIOR DRIVE			
Printed 11/01/2012 13:30	ROCHESTER,MN 559	901			

Test	Flag Results	Unit	Reference Value	Perform Site*
Fungal Ab Survey, S		REPORTED 1	1/01/2012 13:24	
Coccidioides Ab, S				
Cocci Complement F	Negative		Negative	SDL
Cocci Immunodiffusion-IgG	Negative		Negative	SDL
Cocci Immunodiffusion-IgM	Negative		Negative	SDL
Cryptococcus Ag Screen, S	Negative		Negative	SDL
Histoplasma Ab Screen, S	Positive		Negative	SDL
The presence of antibody i	s presumptive evidence			
that the patient was or is	currently infected with			
(or exposed to) histoplasm	а.			
Reflex testing by compleme:	nt fixation and immuno-			
diffusion has been ordered	for confirmation.			
Blastomyces Ab, EIA, S	Negative		Negative	SDL
Histoplasma Ab, S		REPORTED 1	1/01/2012 13:23	
Histoplasma Mycelial	1:128		Negative	SDL
Histoplasma Yeast	1:8		Negative	SDL
Histoplasma Immunodiffusion	H Band		Negative	SDL

* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive	Lab Director: Franklin R. Cockerill, III, M.D.
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Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,FSS	10/31/2012	Final
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^{*} Report times for Mayo performed tests are CST/CDT