

<b>Patient Name</b> SAMPLEREPORT,VIRNR A	<b>Patient ID</b> SA00050348	<b>Age</b> 46	<b>Gender</b> F	<b>Order #</b> SA00050348
<b>Ordering Phys</b>				<b>DOB</b> 06/10/1966
<b>Client Order #</b> SA00050348	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 11/03/2012 23:00	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 11/05/2012 10:26				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Viral Culture, Non Respiratory</b>	AB			REPORTED 11/05/2012 09:38	MCR
SOURCE: CEREBROSPINAL FLUID					
VIRAL CULTURE, NON RESPIRATORY			FINAL		
HERPES SIMPLEX TYPE I DETECTED					
Critical Result.					

\* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director:
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<b>Patient Name</b> SAMPLEREPORT,VIRNR A	<b>Collection Date and Time</b> 11/03/2012 23:00	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT