

Patient Name TEST,IMPLEMENTATION TESTING	Patient ID 321	Age 56	Gender F	Order # X100061423
Ordering Phys UNKNOWN,PROVIDER				DOB 05/23/1956
Client Order # X100061423	Account Information			Report Notes
Collected 04/10/2013 08:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 05/08/2013 15:20				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Cytomegalovirus Ab, IgM, S -- REFERENCE VALUE -- Negative		Negative		REPORTED 04/10/2013 15:49	SDL

* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
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Patient Name TEST,IMPLEMENTATION TESTING	Collection Date and Time 04/10/2013 08:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT