

<b>Patient Name</b> TEST,IMPLEMENTATION TESTING	<b>Patient ID</b> 321	<b>Age</b> 56	<b>Gender</b> F	<b>Order #</b> X100061417
<b>Ordering Phys</b> UNKNOWN,PROVIDER				<b>DOB</b> 05/23/1956
<b>Client Order #</b> X100061417	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 04/10/2013 08:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
<b>Printed</b> 05/08/2013 15:21				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Varicella-Zoster Ab, IgM and IgG, S</b>			REPORTED 04/10/2013 15:43		
Varicella-Zoster Ab, IgM, S		Negative		Negative	SDL
Varicella-Zoster Ab, IgG, S		Negative			SDL
-- REFERENCE VALUE --					
Vaccinated: Positive					
Unvaccinated: Negative					
Varicella IgG Antibody Index		0.5			SDL

\* Performing Site:

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

\* Report times for Mayo performed tests are CST/CDT