

<b>Patient Name</b> TESTING,82659	<b>Patient ID</b>	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W2774089
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W2774089	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901  (507)266-5730	<b>Report Notes</b>		
<b>Collected</b> 09/30/2009 06:00				
<b>Printed</b> 10/01/2009 09:02				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Wasp Venom, IgE</b> Class 0 (Negative <0.35)		<0.35		REPORTED 09/30/2009 09:19 kU/L	SDL

\* Performing Site:

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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<b>Patient Name</b> TESTING,82659	<b>Collection Date and Time</b> 09/30/2009 06:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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