

<b>Patient Name</b> SAMPLEREPORT,COD	<b>Patient ID</b> SA00055105	<b>Age</b> 46	<b>Gender</b> F	<b>Order #</b> SA00055105
<b>Ordering Phys</b> UNKNOWN,PROVIDER				<b>DOB</b> 06/10/1966
<b>Client Order #</b> SA00055105	<b>Account Information</b>		<b>Report Notes</b>	
<b>Collected</b> 03/14/2013 23:27	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
<b>Printed</b> 05/22/2013 09:49				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Codfish, IgE</b> Class 0 (Negative <0.35)		<0.35	kU/L	REPORTED 05/22/2013 08:43	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> SAMPLEREPORT,COD	<b>Collection Date and Time</b> 03/14/2013 23:27	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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