

<b>Patient Name</b> TESTINGRNV,RUOIUO	<b>Patient ID</b> SA00063278	<b>Age</b> 14	<b>Gender</b> M	<b>Order #</b> SA00063278
<b>Ordering Phys</b> CLIENT,CLIENT			<b>DOB</b> 01/01/1999	
<b>Client Order #</b> SA00063278	<b>Account Information</b> C7028846-DLMP Rochester SDSC 2 - Client Support Rochester, MN 55901			<b>Report Notes</b>
<b>Collected</b> 10/10/2013 19:00				
<b>Printed</b> 10/11/2013 15:03				

Test	Flag	Results	Unit	Reference Value	Perform Site*
HEV IgG Ab, S		Negative		Negative	SDL
RECEIVED: 10/11/2013 13:27 REPORTED: 10/11/2013 13:33					

\* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
-----	---	---------------

<b>Patient Name</b> TESTINGRNV,RUOIUO	<b>Collection Date and Time</b> 10/10/2013 19:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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