



Patient ID <b>SA00046273</b>	Patient Name <b>SAMPLEREPORT, WEEP N</b>	Birth Date <b>1971-09-28</b>	Gender <b>F</b>	Age <b>40</b>
Order Number <b>SA00046273</b>	Client Order Number <b>SA00046273</b>	Ordering Physician <b>KARON, BRAD</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>06 Jun 2012 10:26</b>		

**West Equine Enceph Ab,IgG and IgM,S**

**West Equine Enceph Ab, IgG, S**

<1:10

SDL

Reference Value  
<1:10

**West Equine Enceph Ab, IgM, S**

<1:10

SDL

Reference Value  
<1:10

**Received:** 06 Jun 2012 10:26

**Reported:** 05 Nov 2012 13:28

QA Environment

**Performing Site Legend**

Code	Laboratory	Address
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55901