

<b>Patient Name</b> TESTING,82905	<b>Patient ID</b>	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W3049851
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W3049851	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	<b>Report Notes</b>		
<b>Collected</b> 10/27/2009 06:00				
<b>Printed</b> 10/28/2009 12:09	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
House Dust Mites/D.F., IgE Class 0 (Negative <0.35)		<0.35	kU/L	REPORTED 10/27/2009 12:21	SDL

\* Performing Site:

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
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<b>Patient Name</b> TESTING,82905	<b>Collection Date and Time</b> 10/27/2009 06:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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