

Patient Name TESTING,83156	Patient ID	Age	Gender	Order # W2990135
Ordering Phys		DOB		
Client Order # W2990135	Account Information C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	Report Notes		
Collected 10/21/2009 06:00				
Printed 10/21/2009 10:40				

Test	Flag	Results	Unit	Reference Value	Perform Site*
West Equine Enceph Ab, IgG & IgM, S			REPORTED 10/21/2009 10:31		
West Equine Enceph Ab, IgG, S		<1:10		IgG <1:10	SDL
West Equine Enceph Ab, IgM, S		<1:10		IgM <1:10	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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Patient Name TESTING,83156	Collection Date and Time 10/21/2009 06:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT