

1-800-533-1710

PATIENT NAME			PATIENT NUM	IBER		AGE	SEX	ACCESSION #
TESTING, HTLV						27	F	G9146371
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS
COLLECTION	ECTION RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	TION		
03/17/10 11:14 A	03/17/10 1	1:14 A	03/17/10	12:44 P	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE*

HTLV-I/-II Ab Screen, S

HTLV-I/-II Ab Screen, S Reactive Negative SDL

Not diagnostic; confirmatory line

immunoassay is ordered.

HTLV-I/-II Ab Confirmation, S

HTLV-I/-II Ab Positive Negative SDL

Confirmation, S

REPORTABLE DISEASE

This confirmatory assay should be ordered only

on specimens that are repeatedly reactive

by an FDA-approved anti-HTLV-I/II screening EIA.

HTLV-I/-II Bands SDL

Reactivity at p19-I/II, p24-I/II, gp46-I/II, gp21-I/II.

HTLV-I/-II RES: HTLV-I SDL

Discrimination

Research Use Only

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr Lab Director: Franklin R. Cockerill, III, M.D. 3050 Superior Dr. NW Rochester, MN 55901

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, HTLV	Final	03/17/10 11:14 A