



Patient ID <b>321</b>	Patient Name <b>TEST, IMPLEMENTATION TESTING</b>	Birth Date <b>1956-05-23</b>	Gender <b>F</b>	Age <b>56</b>
Order Number <b>X100061420</b>	Client Order Number <b>X100061420</b>	Ordering Physician <b>,</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>10 Apr 2013 08:00</b>		

## Varicella-Zoster Ab, IgG, S

**Varicella-Zoster Ab, IgG, S**

SDL

Negative

REFERENCE VALUE

**Vaccinated:** Positive

**Unvaccinated:** Negative

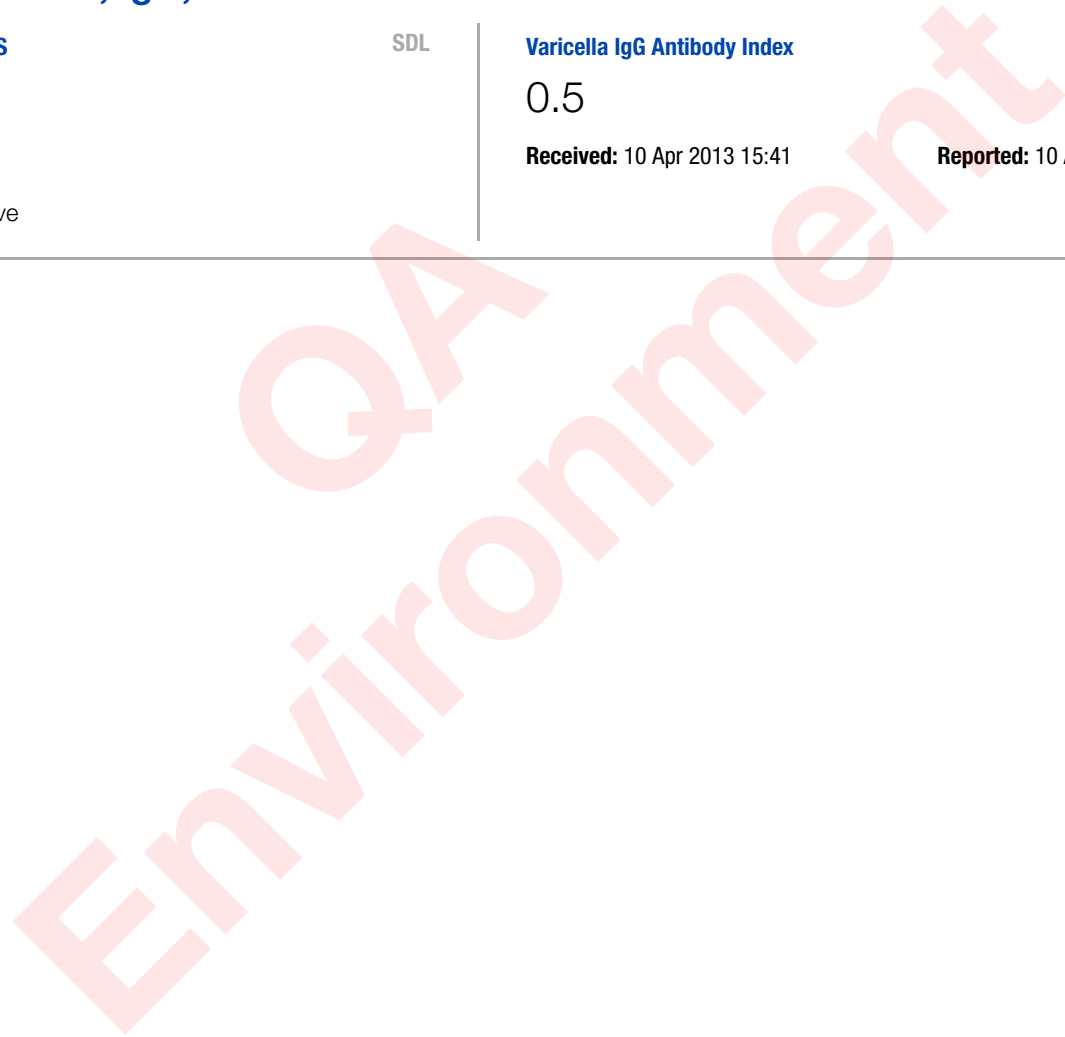
**Varicella IgG Antibody Index**

SDL

0.5

**Received:** 10 Apr 2013 15:41

**Reported:** 10 Apr 2013 15:45



### Performing Site Legend

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