

Patient Name TESTING,82824	Patient ID	Age	Gender	Order # W3049327
Ordering Phys		DOB		
Client Order # W3049327	Account Information C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	Report Notes		
Collected 10/27/2009 06:00				
Printed 10/29/2009 08:31	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Turkey Feathers, IgE Class 0 (Negative <0.35)		<0.35	kU/L	REPORTED 10/27/2009 11:56	SDL

* Performing Site:

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
-----	--	---------------

Patient Name TESTING,82824	Collection Date and Time 10/27/2009 06:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT