

<b>Patient Name</b> SAMPLEREP,HTLV A	<b>Patient ID</b> SA00046035	<b>Age</b> 40	<b>Gender</b> F	<b>Order #</b> SA00046035
<b>Ordering Phys</b>				<b>DOB</b> 09/28/1971
<b>Client Order #</b> SA00046035	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 06/06/2012 09:36	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 09/25/2012 15:02				

Test	Flag	Results	Unit	Reference Value	Perform Site*
HTLV-I/-II Ab Confirmation, S	AB	Positive		REPORTED 09/24/2012 13:34 Negative	SDL
REPORTABLE DISEASE. Confirmatory test is the definitive test for HTLV-I/-II infection status. For research use only.					

\* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
-----	---	---------------

<b>Patient Name</b> SAMPLEREP,HTLV A	<b>Collection Date and Time</b> 06/06/2012 09:36	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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