



Patient ID <b>SA00048307</b>	Patient Name <b>SAMPLEREPORT, CHIST</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00048307</b>	Client Order Number <b>SA00048307</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>08 Aug 2012 00:00</b>		

**Histoplasma Ab, CSF**

**Histoplasma Mycelial (CSF)**

Negative

SDL  
Reference Value  
Negative

**Histoplasma Immunodiffusion (CSF)**

Negative

SDL  
Reference Value  
Negative

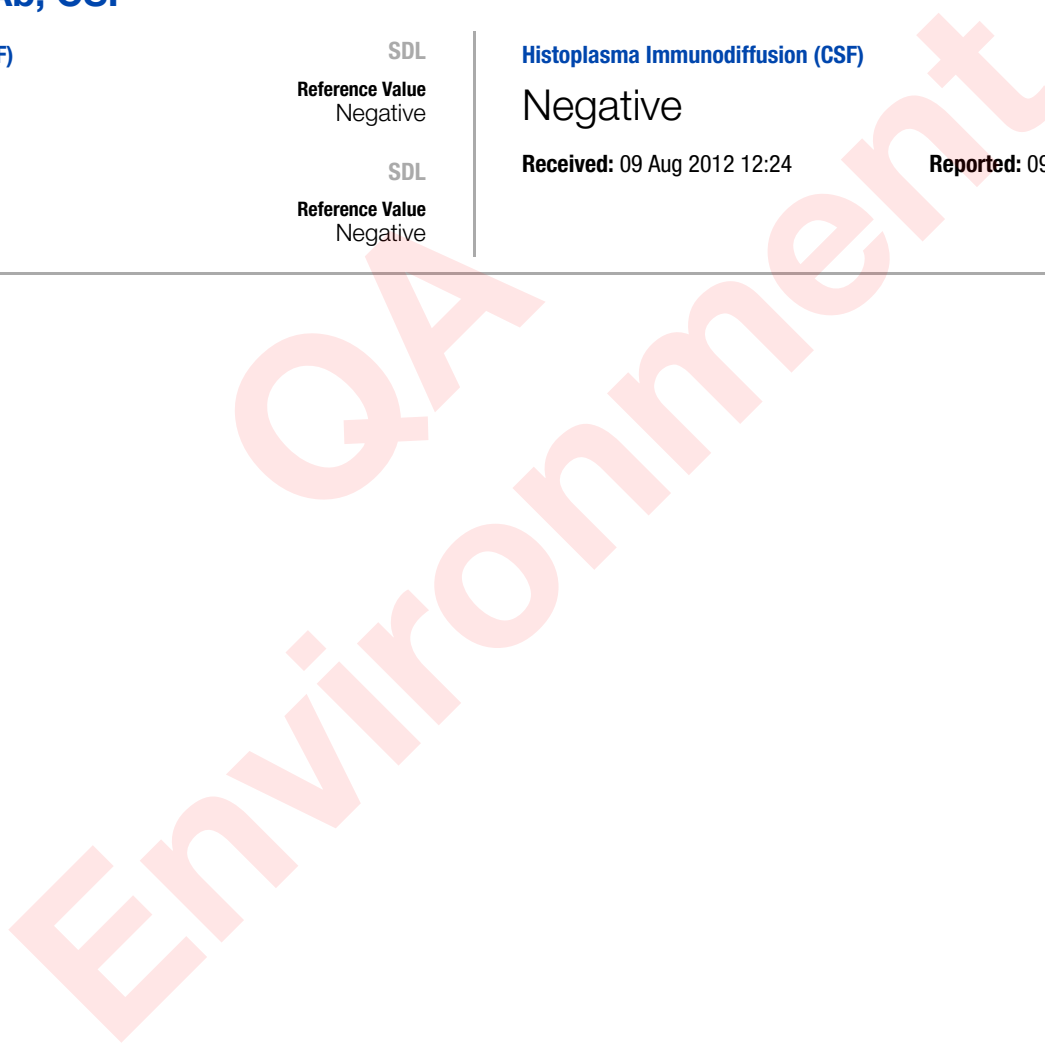
**Histoplasma Yeast (CSF)**

Negative

SDL  
Reference Value  
Negative

**Received:** 09 Aug 2012 12:24

**Reported:** 09 Aug 2012 12:27



**Performing Site Legend**

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