



Varicella-Zoster Antibody, IgM and IgG  
(Separate Determinations), Serum

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>X100061417</b>	Client Order Number <b>X100061417</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, IgM and IgG, S**

**Varicella-Zoster Ab, IgM, S**

Negative

SDL  
Reference Value  
Negative

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

Negative

REFERENCE VALUE  
**Vaccinated:** Positive  
**Unvaccinated:** Negative

SDL

**Varicella IgG Antibody Index**

0.5

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

**Reported:** 10 Apr 2013 15:43

SDL

**Performing Site Legend**

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