

|                                      |   |                     |               |                            |
|--------------------------------------|---|---------------------|---------------|----------------------------|
| <b>Patient Name</b><br>TESTING,82914 | <b>Patient ID</b>   | <b>Age</b>          | <b>Gender</b> | <b>Order #</b><br>W3049932 |
| <b>Ordering Phys</b>                 |   | <b>DOB</b>          |               |                            |
| <b>Client Order #</b><br>W3049932    | <b>Account Information</b><br>C7999998-STUSTEST<br>200 FIRST STREET SW<br>ROCHESTER, MN 55901 | <b>Report Notes</b> |               |                            |
| <b>Collected</b><br>10/27/2009 06:00 |   |                     |               |                            |
| <b>Printed</b><br>10/28/2009 12:07   | (507)266-5730   |                     |               |                            |

| Test  | Flag | Results | Unit | Reference Value           | Perform Site* |
|---|------|---------|------|---------------------------|---------------|
| Meadow Foxtail, IgE<br>Class 0 (Negative <0.35) |      | <0.35   | kU/L | REPORTED 10/27/2009 12:28 | SDL           |

\* Performing Site:

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

|                                      |   |                               |
|--------------------------------------|---|-------------------------------|
| <b>Patient Name</b><br>TESTING,82914 | <b>Collection Date and Time</b><br>10/27/2009 06:00 | <b>Report Status</b><br>Final |
| Page 1 of 1                          |   | ** End of Report **           |

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