



Patient ID <b>SA00064675</b>	Patient Name <b>SAMPLEREPORT, LVZV</b>	Birth Date <b>1980-10-10</b>	Gender <b>M</b>	Age <b>33</b>
Order Number <b>SA00064675</b>	Client Order Number <b>SA00064675</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>21 Nov 2013 08:00</b>		

## Varicella-Zoster Virus PCR

### Specimen Source

ARM

MCR

### Varicella-Zoster Virus PCR

**Negative**

MCR

**Reference Value**  
Negative

#### ADDITIONAL INFORMATION

Laboratory developed test.

**Received:** 22 Nov 2013 08:29

**Reported:** 22 Nov 2013 08:52

QA Environment

### Performing Site Legend

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905