

<b>Patient Name</b> TESTING,8886	<b>Patient ID</b> 8886	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W2751555
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W2751555	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	<b>Report Notes</b>		
<b>Collected</b> 09/21/2009 12:00	(507)266-5730			
<b>Printed</b> 10/29/2009 09:05				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Rotavirus Ag, F		Negative		REPORTED 09/30/2009 12:18 Negative	MCR

\* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director:
-----	---	---------------

<b>Patient Name</b> TESTING,8886	<b>Collection Date and Time</b> 09/21/2009 12:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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