

Patient Name TESTING,800193	Patient ID	Age	Gender	Order # W3015307
Ordering Phys		DOB		
Client Order # W3015307	Account Information C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	Report Notes		
Collected 10/23/2009 06:00				
Printed 10/23/2009 12:35				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Varicella-Zoster Ab, IgM, S		Negative	REPORTED 10/23/2009 11:41	Negative	MCF

* Performing Site:

MCF	Mayo Clinic Jacksonville Clinical Lab 4500 San Pablo Road Jacksonville, FL 32224	Lab Director: Arthur D. Jones, Jr. M.D.
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Patient Name TESTING,800193	Collection Date and Time 10/23/2009 06:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT