



Patient ID SA00550175	Patient Name SAMPLEREPORT, VEDOZ	Birth Date 2008-08-08	Gender F	Age 10
Order Number SA00550175	Client Order Number SA00550175	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 06 May 2019 08:00		

Vedolizumab QN with Antibodies, S

Vedolizumab QN, S

1 SDL

23.0 mcg/mL

REFERENCE VALUE

Lower limit of quantitation = 2.0 mcg/mL

Vedolizumab Ab, S

SDL

<9.8 ng/mL

Reference Value
<9.8

VEMAB Interpretation

1 SDL

Absence of detectable antibody-to-vedolizumab.

Received: 07 May 2019 14:12

Reported: 07 May 2019 14:37

Laboratory Notes

- 1 This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Performing Site Legend

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