



Patient ID SA00046195	Patient Name SAMPLEREPORT, LEIS N	Birth Date 1971-09-28	Gender F	Age 40
Order Number SA00046195	Client Order Number SA00046195	Ordering Physician	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 06 Jun 2012 08:45		

Leishmaniasis (Visceral) Ab, S

Negative

Received: 06 Jun 2012 08:45

Reported: 02 Nov 2012 10:35

SDL

Reference Value
Negative

Test Environment
Standard Template

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55901	William G. Morice M.D. Ph.D	24D1040592