



Patient ID SA00065500	Patient Name SAMPLEREPORT, COXIS_ABNORMAL	Birth Date 1982-08-30	Gender F	Age 31
Order Number SA00065500	Client Order Number SA00065500	Ordering Physician CLIENT, CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 06 Feb 2014 00:00		

Coccidioides Ab w/ Reflex, S

Coccidioides Ab Screen, S

Reactive

Confirmatory testing by complement fixation and immunodiffusion has been ordered.

SDL
Reference Value
Negative

Received: 06 Feb 2014 13:45

Reported: 06 Feb 2014 13:49

Coccidioides Ab, CF/ID, S

Cocci Ab, CF (Serum)

Negative

SDL
Reference Value
Negative

Cocci ID-IgG (Serum)

Negative

SDL
Reference Value
Negative

Cocci ID-IgM (Serum)

Negative

The EIA may be reactive prior to complement fixation and immunodiffusion (CF/ID), or may be falsely-reactive. Repeat testing by CF/ID in 2-3 weeks if clinically indicated.

SDL
Reference Value
Negative

Received: 06 Feb 2014 13:49

Reported: 06 Feb 2014 13:58

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