



Patient ID SA00178507	Patient Name SAMPLEREPORT, VEDOZ	Birth Date 1999-09-09	Sex M	Age 26
Order Number SA00178507	Client Order Number SA00178507	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 09 Dec 2025 12:30		

Vedolizumab QN with Antibodies, S

Vedolizumab QN, S1 SDL

50.0 mcg/mL

REFERENCE VALUE

Lower limit of quantitation = 1.0 mcg/mL

Vedolizumab Ab, SSDLReference Value <9.8

VEMAB Interpretation1 SDL

Absence of detectable antibody-to-vedolizumab.

Received: 09 Dec 2025 12:32Reported: 09 Dec 2025 14:42

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	Lab Director	CLIA Certificate
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55905	Nikola Baumann Ph.D.	24D1040592