

Laboratory Director: Deborah E. Blue, MD, MT(ASCP)

Patient Name REPORT , AFID		DOB 01/01/2001	Report Printed 4/21/2020
Specimen Type Serum		Client Information Test RightFax 5 Upstairs Left	MiraVista ID M00001021
Specimen ID 123456			
Collection Date 01/01/2001	Received Date 03/17/2020	Fax 317-455-2189	

LAB SERVICES REPORT

Test	Result	Unit	Interpretation	Report Date
324 Aspergillus Antibody by Immunodiffusion				
anti-Aspergillus FID	Negative		ANTIBODY NOT DETECTED	03/30/2020

Test Parameters:

Reference Interval: Negative, Antibody Not Detected

This document contains confidential privileged information. The recipient of the information is prohibited from disclosing the contents to another party without authorization. If you are not the intended recipient, you are hereby notified that disclosure of the contents is strictly prohibited. Please notify MiraVista Diagnostics immediately if you received this information in error.

Patient Name REPORT , AFID	Specimen ID 123456	Specimen Type Serum	Collection Date 01/01/2001
--------------------------------------	------------------------------	-------------------------------	--------------------------------------