



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988 34 Y

Referral Testing

Collected: 06/02/2020 13:00 Received: 06/05/2020 09:10

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Vedolizumab QN with Antibodies, Serum; Vedolizumab QN, S; 23.0; mcg/mL; MMRL.

-----REFERENCE VALUE-----
Lower limit of quantitation = 2.0 mcg/mL

-----ADDITIONAL INFORMATION-----
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.

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Vedolizumab Ab, S; <9.8; <9.8; ng/mL; MMRL. Row 2: VEMAB Interpretation; SEE BELOW; MMRL.

RESULT: Absence of detectable antibody-to-vedolizumab.

-----ADDITIONAL INFORMATION-----
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.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55901
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592

Reported Date: 06/05/2020 09:11 VEDOZ

Performing Site:

MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED