

1-800-533-1710

PATIENT NAME TESTING, KRISTIN		PATIENT NUMBER L3MRNG9154538		AGE 15	SEX F	ACCESSION # G9154538
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 08/11/10 11:53 A	RECEIVED 08/11/10 11:53 A	REPORT PRINTED 09/13/10 03:06 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Immunoglobulins IgG,A,M, S				
Immunoglobulin A (IgA), S	150		52-319	MCR
Immunoglobulin M (IgM), S	45		45-244	MCR
Immunoglobulin G (IgG), S	1000		509-1580	MCR

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, KRISTIN	ORDER STATUS Final	COLLECTION DATE AND TIME 08/11/10 11:53 A
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