

1-800-533-1710

PATIENT NAME TESTING, K		PATIENT NUMBER L3MRNG9154858		AGE 1W	SEX F	ACCESSION # G9154858
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 08/17/10 09:37 A	RECEIVED 08/17/10 09:37 A	REPORT PRINTED 09/14/10 08:34 A		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 *
Complement C4, S				
Complement C4, S	H	60	mg/dL 14-40	MCF

* PERFORMING SITE

MCF	Mayo Clinic Jacksonville Clinical Lab 4500 San Pablo Rd Jacksonville, Florida 32224	Lab Director: Arthur D. Jones, Jr. M.D.
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