

1-800-533-1710

PATIENT NAME				_	PATIENT NUMBER		AGE 30	SEX	ACCESSION #
TESTING, X83124 IS				L3MRNG91	L3MRNG9156961			F	G9156961
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS	
COLLECTION		RECEIVED		REPORT PR	NTED	SPECIMEN INFORMA	TION		
10/04/10 10:01 A		10/04/10 10:01 A		10/04/10	10:45 A	DATE OF BIRTH:			
DATE	TIME	DATE	TIME	DATE	TIME	1			
Test Clie	Test Client								
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE *

C difficile Toxin PCR

Specimen Source MCR

STOOL

Result MCR

Negative

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Report Status MCR

FINAL 10042010

* PERFORMING SITE

Ν	MCR	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.			
		200 First Street SW Rochester, MN 55905				

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, X83124 IS	Final	10/04/10 10:01 A