

1-800-533-1710

PATIENT NAME TESTING, 32184 IS		PATIENT NUMBER L3MRNG9163298		AGE 30Y	SEX F	ACCESSION # G9163298
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 01/15/11 12:18 P	RECEIVED 01/15/11 12:18 P	REPORT PRINTED 01/25/11 08:50 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 *
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Syphilis IgG Ab, S	Negative	Negative	SDL
Syphilis IgG Ab, S			

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 32184 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 01/15/11 12:18 P
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