

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, EMIR IS			L3MRNG91	L3MRNG9165311			М	G9165311
ORDERING PHYSICIAN			CLIENT ORE	ER#				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION			
02/24/11 12:43 P	02/24/11 1	12:43 P	03/02/11	10:10 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								
	н				1			

 TEST REQUESTED
 LO
 REF RANGE
 PERFORM SITE *

 Sm Ab, IgG, S
 REPORTED: 02/24/11 02:05 P

 Sm Ab, IgG, S
 0.6
 U
 <1.0</td>
 NEL (Negative)

* PERFORMING SITE

NEL	Mayo Medical Laboratories New England	Lab Director: Lynn A. Cheryk, Ph.D.
	160 Dascomb Road Andover, MA 01810	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, EMIR IS	Final	02/24/11 12:43 P