

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, EMIR IS			L3MRNG91	L3MRNG9165316		40	М	G9165316
ORDERING PHYSICIAN	,		CLIENT ORD	ER#	,			ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	ATION		
02/24/11 12:45 P	02/24/11 1	12:45 P	03/02/11	10:04 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 RAN	GE	PERFORM SITE *

SS-A/Ro Ab, IgG, S SS-A/Ro Ab, IgG, S

<0.2

U

REPORTED: 02/24/11 02:06 P <1.0

**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 12:45 P