

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, EMIR IS			L3MRNG91	L3MRNG9165317			М	G9165317
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PR	REPORT PRINTED SPECIMEN		TION			
02/24/11 12:45 P	02/24/11	12:45 P	03/02/11	10:06 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							

 
 TEST REQUESTED
 LO
 REF RANGE
 PERFORM SITE \*

 SS-B/La Ab, IgG, S SS-B/La 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 12:45 P