

1-800-533-1710

PATIENT NAM	ME			PATIENT NUM	BER		AGE	SEX	ACCESSION #
TESTING, EMIR IS			L3MRNG9165320		40	М	G9165320		
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS	
COLLECTION RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	TION				
02/24/11 12:49 P				03/02/11	10:04 A	DATE OF BIRTH:			
DATE 1	TIME	DATE	TIME	DATE	TIME				
Test Client									
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

	HI			
TEST REQUESTED	LO		REF RANGE PE	RFORM SITE *
SSA/SSB			REPORTED: 02/24	4/11 01:08 P
SS-A/Ro Ab, IgG, S	0.6	U	<1.0	NEL
			(Negative)	
SS-B/La Ab, IgG, S	0.8	U	<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 12:49 P