

1-800-533-1710

PATIENT NAME TESTING, 84356		PATIENT NUMBER L3MRNG9165389		AGE 56	SEX F	ACCESSION # G9165389
ORDERING PHYSICIAN			CLIENT ORDER #			ACCOUNT # LIAISONS
COLLECTION 02/24/11 03:47 P	RECEIVED 02/24/11 03:47 P	REPORT PRINTED 03/14/11 07:54 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 *
Aspergillus Ag, S Aspergillus Ag, S	0.4	index <0.5	REPORTED: 02/24/11 03:47 P SDL

* 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, 84356	ORDER STATUS Final	COLLECTION DATE AND TIME 02/24/11 03:47 P
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