

1-800-533-1710

PATIENT NAME TESTING, 81066				PATIENT NUMBER L3MRNG9165379		AGE 23	SEX F	ACCESSION # G9165379	
ORDERING PHYSICIAN				CLIENT ORDER #			120	1.	ACCOUNT # LIAISONS
COLLECTION 02/24/11 03:33 P		RECEIVED 02/24/11 03:33 P		REPORT PRINTED 03/10/11 02:17 P		SPECIMEN INFORMA DATE OF BIRTH:	TION		
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 *

C9 Complement, Functional, S

C9 Complement,

U/mL

REPORTED: 02/24/11 03:35 P

37-61

MCR

Functional, S

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. It has not been cleared or approved by the U.S. Food and Drug Administration.

54

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology
200 First Street SW Rochester, MN 55905

Lab Director: Franklin R. Cockerill, III, M.D.

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 81066	Final	02/24/11 03:33 P