

1-800-533-1710

PATIENT NAME TESTING, 83262		PATIENT NUMBER L3MRNG9166083		AGE 27	SEX F	ACCESSION # G9166083
ORDERING PHYSICIAN TESTING,83262		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 03/07/11 05:38 P	RECEIVED 03/07/11 05:38 P	REPORT PRINTED 03/15/11 12:43 P		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 *
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Diphtheria Toxoid IgG Ab, S				REPORTED: 03/07/11 05:39 P
Diphtheria Toxoid IgG	0.10		IU/mL	SDL
Ab, S				

The minimum level of protective antibody in the normal population is between 0.01 and 0.1 IU/mL. The majority of vaccinated individuals should demonstrate protective levels of antibody >0.1 IU/mL.
 For research use only

* 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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