

1-800-533-1710

PATIENT NAME TESTING, 83269		PATIENT NUMBER L3MRNG9166026		AGE 55	SEX M	ACCESSION # G9166026
ORDERING PHYSICIAN TESTING,83269		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 03/07/11 10:16 A	RECEIVED	REPORT PRINTED 03/16/11 11:55 A		SPECIMEN INFORMATION		
DATE TIME	DATE TIME	DATE TIME	DATE OF BIRTH:			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Diphtheria/Tetanus Ab Panel, S				REPORTED: 03/07/11 10:17 A
Tetanus Toxoid IgG Ab, S		0.29	IU/mL	SDL
Diphtheria Toxoid IgG Ab, S		0.30	IU/mL	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, 83269	ORDER STATUS Final	COLLECTION DATE AND TIME 03/07/11 10:16 A
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