

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 84420		<b>PATIENT NUMBER</b> L3MRNG9166425		<b>AGE</b> 50	<b>SEX</b> M	<b>ACCESSION #</b> G9166425
<b>ORDERING PHYSICIAN</b> TESTING,84420		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 03/10/11 12:32 P	<b>RECEIVED</b>	<b>REPORT PRINTED</b> 03/16/11 12:10 P		<b>SPECIMEN INFORMATION</b>		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE OF BIRTH:</b>			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
<b>Cytomegalovirus Ab, IgG and IgM, S</b>				<b>REPORTED: 03/10/11 12:34 P</b>
Cytomegalovirus Ab, IgG, S	<4		AU/mL	<4      SDL
Cytomegalovirus Ab, IgM, S	Negative			Negative      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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<b>PATIENT NAME</b> TESTING, 84420	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 03/10/11 12:32 P
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