

1-800-533-1710

PATIENT NAME TESTING, 800270		PATIENT NUMBER L3MRNG9166620		AGE 55	SEX M	ACCESSION # G9166620
ORDERING PHYSICIAN TESTING,800270		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 03/14/11 01:29 P	RECEIVED	REPORT PRINTED 03/17/11 08:09 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 *
TORCH Profile IgG				REPORTED: 03/14/11 01:30 P
Cytomegalovirus Ab, IgG, S	<4		AU/mL	<4 MCF
Rubella Ab, IgG, S	Negative			Negative MCF
Toxoplasma Ab, IgG, S	<4		IU/mL	<4 MCF
HSV Type 1 Ab, IgG, S	Negative			Negative MCF
HSV Type 2 Ab, IgG, S	Negative			Negative MCF

* PERFORMING SITE

MCF	Mayo Clinic Jacksonville Clinical Lab 4500 San Pablo Rd Jacksonville, Florida 32224	Lab Director: Arthur D. Jones, Jr. M.D.
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