

1-800-533-1710

PATIENT NAME TESTING, SUE		PATIENT NUMBER		AGE NOT GI	SEX	ACCESSION # G9145968
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 03/09/10 08:00 A	RECEIVED 03/10/10 03:59 P	REPORT PRINTED 03/16/10 08:34 A		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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RSV Antigen

RSVA Source
RSV Ag

NP ASPIRATE
Negative

Negative

MCR
MCR

*** 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.
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PATIENT NAME TESTING, SUE	ORDER STATUS Final	COLLECTION DATE AND TIME 03/09/10 08:00 A
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