

1-800-533-1710

PATIENT NAME TESTING, BRUTA3		PATIENT NUMBER L3MRNG9156836		AGE 50	SEX	ACCESSION # G9156836
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/30/10 11:54 A	RECEIVED 09/30/10 11:54 A	REPORT PRINTED 10/12/10 10:26 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 *
Brucella Total Ab, Agglutination, S Brucella Total Ab, Agglutination, S REPORTABLE DISEASE	1:160	<1:80	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, BRUTA3	ORDER STATUS Final	COLLECTION DATE AND TIME 09/30/10 11:54 A
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