

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 80804		<b>PATIENT NUMBER</b> L3MRNG9166122		<b>AGE</b> 55	<b>SEX</b> M	<b>ACCESSION #</b> G9166122
<b>ORDERING PHYSICIAN</b> TESTING,80804		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 03/08/11 09:56 A	<b>RECEIVED</b>	<b>REPORT PRINTED</b> 03/16/11 12:02 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</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>Torch Profile IgM</b>				
Toxoplasma Ab, IgM, S	<0.55		threshold	REPORTED: 03/08/11 09:56 A <0.55      SDL
HSV Ab, IgM, S by IFA	Negative			Negative      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, 80804	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 03/08/11 09:56 A
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