

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 83330		<b>PATIENT NUMBER</b> L3MRNW4057627		<b>AGE</b> 22	<b>SEX</b> M	<b>ACCESSION #</b> W4057627
<b>ORDERING PHYSICIAN</b>			<b>CLIENT ORDER #</b>		<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 03/16/11 12:46 P	<b>RECEIVED</b> 03/16/11 12:46 P	<b>REPORT PRINTED</b> 03/16/11 01:49 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>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Hepatitis A Total Ab, S			REPORTED: 03/16/11 12:46 P
Hepatitis A Total Ab, S	Positive	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, 83330	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 03/16/11 12:46 P
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