MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 91545	L3MRNW4123564	51	F	W4123564

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
08/02/11 01:52 P	08/02/11 01:52 P	08/03/11 08:11 A	DATE OF BIRTH: 6/19/1960

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Myositis Ab 2 Panel				**REPORTED: 08/02/11 01:55 P**
JO-1		**Negative**	**Negative**	**REF**
Negative		<20 units		
Weak Positive		20-39 units		
Moderate Positive		40-80 units		
Strong Positive		>80 units		
MI-2		**Negative**	**Negative**	**REF**
PL-7		**Negative**	**Negative**	**REF**
PL-12		**Negative**	**Negative**	**REF**
EJ		**Weak Positive**	**Negative**	**REF**
OJ		**Negative**	**Negative**	**REF**
SRP		**Negative**	**Negative**	**REF**
KU		**Negative**	**Negative**	**REF**
PM/SCL		**Negative**	**Negative**	**REF**
U2 SN RNP		**Negative**	**Negative**	**REF**

This test was developed and its performance characteristics validated by RDL Inc. The FDA has determined that approval for this test is not necessary. This is an analyte specific reagent (ASR) test.
Test Performed by: RDL Reference Laboratory, Inc.
10755 Venice Blvd
Los Angeles, CA 90034

*** PERFORMING SITE**

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91545	Final	08/02/11 01:52 P

Specimen receipt and report times are in CST/CDT

REPRINT