

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age		Order #
SAMPLEREPORT,C2	SA00043775	45	F	SA00043775
Ordering Phys				DOB 06/10/1966
Client Order # SA00043775	Account Information			Report Notes
Collected 02/23/2012	C7028846-DLMP ROO 3050 SUPERIOR DRI			
Printed 02/24/2012 15:06	ROCHESTER,MN 559	901		

Test	Flag Re	esults	Unit	Reference Value	Perform Site*
			REPORTED 02	/24/2012 14:57	
C2 Complement, Functional, w/Reflex, S	30)	U/mL	25 - 47	MCR
Analyte Specific Reagent:					
This test was developed and its	s performan	ce character	istics		
determined by Mayo Clinic. It h	has not bee	n cleared or			
approved by the U.S. Food and I	Drug Admini	stration.			
Interpretation					MCR
Results are not consistent with	n homozygou	s deficiency	•		

* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director:	

Patient Name SAMPLEREPORT,C2	Collection Date and Time 02/23/2012	Report Status Final
Page 1 of 1		** End of Report **

^{*} Report times for Mayo performed tests are CST/CDT