

<b>Patient Name</b> SAMPLEREP,STR	<b>Patient ID</b> 0000180642	<b>Age</b> 46	<b>Gender</b> F	<b>Order #</b> 0000180642
<b>Ordering Phys</b>				<b>DOB</b> 06/10/1966
<b>Client Order #</b> 0000180642	<b>Account Information</b>		<b>Report Notes</b>	
<b>Collected</b> 03/15/2013 03:20	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
<b>Printed</b> 06/04/2013 13:27				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Striational (Striated Muscle) Ab, S		Negative	titer	<1:60	MCR
RECEIVED: 03/15/2013 03:20 REPORTED: 06/04/2013 09:54					

\* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director:
-----	-----------------------------------------------------------------------------------------	---------------

<b>Patient Name</b> SAMPLEREP,STR	<b>Collection Date and Time</b> 03/15/2013 03:20	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

\* Report times for Mayo performed tests are CST/CDT