

<b>Patient Name</b> SAMPLEREP,PTOX A	<b>Patient ID</b> SA00050339	<b>Age</b> 46	<b>Gender</b> F	<b>Order #</b> SA00050339
<b>Ordering Phys</b>				<b>DOB</b> 06/10/1966
<b>Client Order #</b> SA00050339	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 11/03/2012 23:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
<b>Printed</b> 07/11/2013 14:25				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Toxoplasma gondii PCR</b>					
RECEIVED: 11/05/2012 09:08					
Specimen Source		CEREBROSPINAL FLUID			MCR
Toxoplasma gondii PCR	AB	Positive		Negative	MCR
Laboratory developed test.					

\* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director:
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<b>Patient Name</b> SAMPLEREP,PTOX A	<b>Collection Date and Time</b> 11/03/2012 23:00	<b>Report Status</b> Final
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\* Report times for Mayo performed tests are CST/CDT