

1-800-533-1710

PATIENT NAME TESTING, 8865		PATIENT NUMBER L3MRNG9156930		AGE 23	SEX F	ACCESSION # G9156930
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/01/10 01:02 P	RECEIVED 10/01/10 01:02 P	REPORT PRINTED 10/19/10 01:47 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Toxoplasma Ab, IgM, S				
Toxoplasma Ab, IgM, S		<0.55	threshold	<0.55 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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PATIENT NAME TESTING, 8865	ORDER STATUS Final	COLLECTION DATE AND TIME 10/01/10 01:02 P
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