

1-800-533-1710

<b>PATIENT NAME</b> TESTING, SYPHG		<b>PATIENT NUMBER</b> L3MRNG9161378		<b>AGE</b> 40	<b>SEX</b>	<b>ACCESSION #</b> G9161378
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 12/13/10 01:46 P <b>DATE TIME</b>	<b>RECEIVED</b> 12/13/10 01:46 P <b>DATE TIME</b>	<b>REPORT PRINTED</b> 01/13/11 11:51 A <b>DATE TIME</b>		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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**Syphilis IgG Ab w/Reflex RPR, S**

<b>Syphilis IgG Ab</b>	<b>Positive</b>	<b>Negative</b>	<b>SDL</b>
<b>w/Reflex RPR, S</b>			

Result suggests infection with *Treponema pallidum* at some point in the past, but does not distinguish between treated and untreated syphilis as *Treponemal-specific IgG* may remain elevated despite appropriate therapy.

REPORTABLE DISEASE

**Rapid Plasma Reagin Test, S**

<b>Rapid Plasma Reagin Test, S</b>	<b>Positive</b>	<b>Negative</b>	<b>SDL</b>
<b>1:8</b>			

Result suggests active or recently treated syphilis.

REPORTABLE DISEASE

## \* 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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<b>PATIENT NAME</b> TESTING, SYPHG	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 12/13/10 01:46 P
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