

1-800-533-1710

<b>PATIENT NAME</b> TESTING, EMIR IS		<b>PATIENT NUMBER</b> L3MRNG9165318		<b>AGE</b> 40	<b>SEX</b> M	<b>ACCESSION #</b> G9165318
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 02/24/11 12:45 P <b>DATE TIME</b>	<b>RECEIVED</b> 02/24/11 12:45 P <b>DATE TIME</b>	<b>REPORT PRINTED</b> 03/02/11 09:55 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 *
DNA Double-Stranded Ab, IgG, S				REPORTED: 02/24/11 02:06 P
DNA Double-Stranded Ab, IgG, S		4	IU/mL	<5 (Negative) NEL

## \* PERFORMING SITE

NEL Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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<b>PATIENT NAME</b> TESTING, EMIR IS	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 02/24/11 12:45 P
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