



Patient ID SA00046339	Patient Name SAMPLEREPORT, GIAR N	Birth Date 1971-09-28	Gender F	Age 40
Order Number SA00046339	Client Order Number SA00046339	Ordering Physician KARON, BRAD	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 06 Jun 2012 09:45		

Giardia Ag, F

Negative

Received: 06 Jun 2012 09:45

MCR
Reference Value
Negative

Reported: 15 Oct 2012 13:28

QA Environment

Performing Site Legend

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905