



Patient ID <b>SA00054475</b>	Patient Name <b>SAMPLEREPORT, CDFRP</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00054475</b>	Client Order Number <b>SA00054475</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>05 Mar 2013 13:00</b>		

**C. difficile Toxin PCR, F**

**Specimen Source**

STOOL

MCR

**Result**

**Negative**

MCR

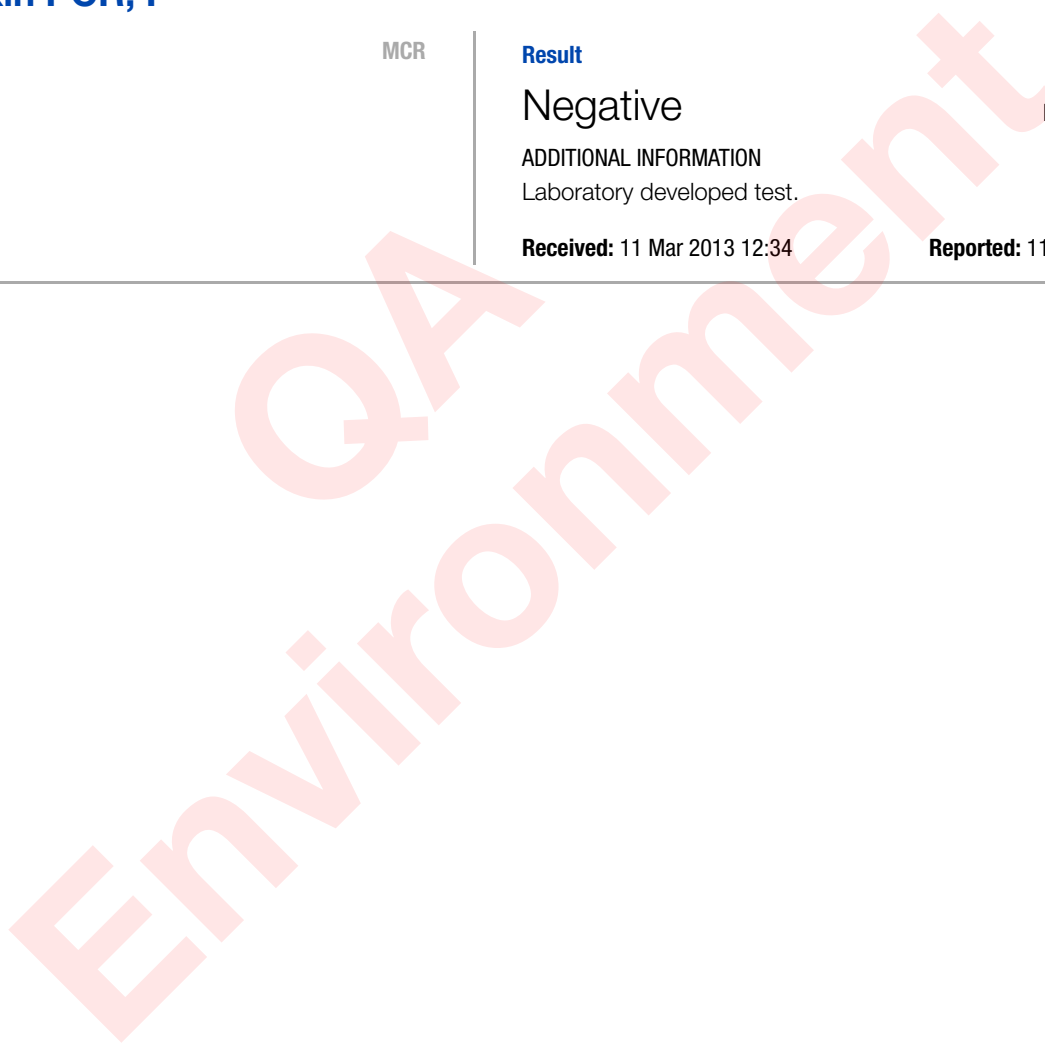
**Reference Value**  
Not Applicable

**ADDITIONAL INFORMATION**

Laboratory developed test.

**Received:** 11 Mar 2013 12:34

**Reported:** 11 Mar 2013 12:48



**Performing Site Legend**

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