



Patient ID <b>SA00050339</b>	Patient Name <b>SAMPLEREPORT, PTOX A</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00050339</b>	Client Order Number <b>SA00050339</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>03 Nov 2012 23:00</b>		

## Toxoplasma gondii PCR

**Specimen Source**

CEREBROSPINAL FLUID

MCR

**Toxoplasma gondii PCR**



**Positive**

Abn

MCR

**Reference Value**  
Negative

**ADDITIONAL INFORMATION**

Laboratory developed test.

**Received:** 05 Nov 2012 09:06

**Reported:** 05 Nov 2012 09:08

**Performing Site Legend**

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