

Patient ID SA00141024	Patient Name SAMPLEREPORT, RAVULIZUMAB	Birth Date 2002-12-12	Gender F	Age 18
Order Number SA00141024	Client Order Number SA00141024	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 21 Dec 2020 02:02		

Ravulizumab, S
1 SDL
175.1 mcg/mL
REFERENCE VALUE

Lower limit of quantitation = 5.0 mcg/mL

>175 mcg/mL therapeutic concentration for paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS)

Received: 21 Dec 2020 06:06

Reported: 21 Dec 2020 06:31

Laboratory Notes

- 1** This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55901	William G. Morice M.D. Ph.D	24D1040592