MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, K	L3MRNG9164981	14	M	G9164981

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
02/18/11 11:53 A	02/18/11 11:53 A	03/02/11 10:19 A	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 *
SS-A/Ro Ab, IgG, S			**REPORTED: 02/23/11 12:09 P**	
SS-A/Ro Ab, IgG, S	**0.3**	**U**	**<1.0 (Negative)**	**MCF**

*** PERFORMING SITE**

MCF	Mayo Clinic Jacksonville Clinical Lab 4500 San Pablo Rd Jacksonville, Florida 32224	Lab Director: Arthur D. Jones, Jr. M.D.

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, K	Final	02/18/11 11:53 A

Specimen receipt and report times are in CST/CDT

REPRINT