



Patient ID <b>SA00050362</b>	Patient Name <b>SAMPLEREPORT, PARID A</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00050362</b>	Client Order Number <b>SA00050362</b>	Ordering Physician	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>03 Nov 2012 23:00</b>		

**Parasite Identification**

MCR



**SOURCE:**

**PARASITE IDENTIFICATION**

FINAL

**ASCARIS LUMBRICOIDES/SUUM, ADULT FEMALE**

**Received:** 05 Nov 2012 10:46

**Reported:** 05 Nov 2012 10:47

Test Environment  
MICRO Template

**Performing Site Legend**

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292