MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, K	L3MRNG9154869	3M	M	G9154869

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
08/17/10 09:52 A	08/17/10 09:52 A	09/14/10 08:34 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 *
Immunoglobulins, IgG, A, M, S					
Immunoglobulin A (IgA), S		**22**	**mg/dL**	**7-37**	**MCF**
Immunoglobulin M (IgM), S	**L**	**15**	**mg/dL**	**26-122**	**MCF**
Immunoglobulin G (IgG), S	**L**	**22**	**mg/dL**	**100-334**	**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	08/17/10 09:52 A

Specimen receipt and report times are in CST/CDT

REPRINT