



Patient ID SA00102829	Patient Name SAMPLEREPORT, ECULIZUMAB	Birth Date 2003-01-02	Gender F	Age 15
Order Number SA00102829	Client Order Number SA00102829	Ordering Physician CLIENT, CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 02 Jan 2018 01:23		

Eculizumab, S

1 SDL



5.0 mcg/mL

Low

REFERENCE VALUE

Lower limit of quantitation = 5.0 mcg/mL

>35 Therapeutic concentration for paroxysmal nocturnal hemoglobinuria (PNH)

>50 Therapeutic concentration for atypical hemolytic uremic syndrome (aHUS)

Received: 05 Jan 2018 10:10

Reported: 05 Jan 2018 10:31

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