



Patient ID SA00050339	Patient Name SAMPLEREPORT, PTOX A	Birth Date 1966-06-10	Gender F	Age 46
Order Number SA00050339	Client Order Number SA00050339	Ordering Physician	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 03 Nov 2012 23:00		

Toxoplasma gondii PCR

Specimen Source

CEREBROSPINAL FLUID

MCR

Toxoplasma gondii PCR



Abn

Positive

MCR

Reference Value
Negative

ADDITIONAL INFORMATION

Laboratory developed test.

Received: 05 Nov 2012 09:06

Reported: 05 Nov 2012 09:08

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