

| Patient ID | Patient Name | | Birth Date | Gender | Age |
|---|-----------------------------------|-------------------------------------|--------------|--------|-----|
| SA00050670 | SAMPLEREPORT, C4 | | 1966-06-10 | F | 46 |
| Order Number SA00050670 | Client Order Number SA00050670 | Ordering Physician CLIENT,CLIENT | Report Notes | | |
| Account Information C7028846 DLMP Rochester | | Collected 25 Apr 2013 00:00 | - | | |

Complement C4, S

MCR Reference Value 14-40

15 mg/dL Received: 26 Apr 2013 13:30

Reported: 26 Apr 2013 13:30

Performing Site Legend

| Code | Laboratory | |
|------|--|---|
| MCR | Mayo Clinic Dept. of Lab Med and Pathology | Γ |

Address

200 First Street SW, Rochester, MN 55905