

1-800-533-1710

PATIENT NAME TESTING, 600001			PATIENT NU L3MRNG91			AGE 55	SEX M	ACCESSION # G9152682
ORDERING PHYSICIAN TESTING,600001			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION 07/02/10 08:58 A DATE TIME Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202	RECEIVED 07/02/10 0 DATE	8:58 A TIME	REPORT PRI 07/02/10 DATE	NTED 10:31 A TIME	SPECIMEN INFORMA DATE OF BIRTH:	TION		

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Cytomegalovirus PCR, Quant, P

Cytomegalovirus PCR, Detected None NEL

Quant, P Detected

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or

approved by the U.S. Food and Drug Administration. Copies/mL $$<\!2000$$

Results may not be reproducible due to low copy level.

Result in log copies/mL= <3.30

* PERFORMING SITE

NEL Mayo Medical Laboratories New England Lab Director: Lynn A. Cheryk, Ph.D.
160 Dascomb Road Andover, MA 01810

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 600001	Final	07/02/10 08:58 A

NEL