

1-800-533-1710

PATIENT				PATIENT NUM			AGE	SEX	ACCESSION #
TESTING	G, JOE			L3MRNG915	53190		31	М	G9153190
ORDERING PHYSICIAN			CLIENT ORDI	CLIENT ORDER #				ACCOUNT # LIAISONS	
COLLECT	TION	RECEIVED		REPORT PRI	NTED	SPECIMEN INFOR	MATION		
07/15/10	04:36 P	07/15/10 04	1:36 P	07/23/10	10:17 A	DATE OF BIRTH	: 7/11/197	9	
DATE	TIME	DATE	TIME	DATE	TIME	4			
Test CI	lient								
Attn: N	Mayo Liaisons								
200 Fir	st Street SW								
Roches	ster, MN 55905								
507-28	4-8202								
		HI							
TEST	REQUESTED	LO					REF RAN	IGE	PERFORM SITE *
	ne, B utathione, B bin F, Red Cell Di	ietrih R	5	5.5		mg/dL RBC	46.9	90.1	MCR
He	emoglobin F, Red strib, B EXPECTED Reported as Heterocell Homocellul	Cell VALUES - : ular or	di	eterocellular stribution of Hb	F				MCR
	RBC Enzymes								
	denylate Kinase, iosephosphate	В		27 39		U/g Hb U/g Hb		-430 -1406	MCR MCR
	osepnospnate omerase, B		30	,,		org i ib	330	- 1400	MICK
Ph	nosphoglycerate		17	77		U/g Hb	165	-239	MCR
Ру	nase, B rrimidine 5'		N	ormal					MCR
	ucleotidase, B nosphofructokina BC	ise,	7.	9		U/g Hb	6.1-	9.4	MCR
	denosine Deamin	ase,	1.	1		IU/g Hb	0.3-	1.5	MCR
IBG Elec	trophoresis Case	cade,Level 3							
Ma	anual DNA Extra			NP					MCR
ΔI	Reflexed te pha Globin Gene		_	NP					MCR
Ai	Pa Ciobili Gelle	•	• '						

Reflexed test not required

Sequencing

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo

* Perform Site Legend on last page of report

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, JOE	Final	07/15/10 04:36 P



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PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, JOE	L3MRNG91	53190		31	М	G9153190		
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT #
								LIAISONS
COLLECTION	RECEIVED		REPORT PR	NTED	SPECIMEN INFORMA	TION		
07/15/10 04:36 P		07/23/10	10:17 A	DATE OF BIRTH: 7/11/1979				
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								
	HI							

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
	r MN. It has not been clea	red or approved		
	and Drug Administration.	••		
Beta Globin Gene	Performed			MCR
Sequencing				
Beta Globin Gene	Performed			MCR
Sequence				
Alpha Globin Gene	TNP			MCR
Sequence				
Reflexed test no	t required			
Beta Globin Gene	TNP			MCR
Del/Dup				
Reflexed test no	t required			
Globin Elec. Confirms				
Globin Elec. Confirms	YES			MCR
IEF Confirms				
IEF Confirms	YES			MCR
Hemolytic Anemia Evaluation				
Hexokinase, B	0.9	U/g Hb	0.8-1.9	MCR
G-6-PD, QN, RBC	10.0	U/g Hb	8.8-13.4	MCR
Pyruvate Kinase, RBC	11.5	U/g Hb	6.7-14.3	MCR
Osmotic Fragility, 0.50	21.3	% hemol	0.0-47.8	MCR
g/dL NaCl				
Osmotic Fragility, 0.60	55.5	% hemol	18.7-67.4	MCR
g/dL NaCl				
Osmotic Fragility, 0.65	35.5	% hemol	4.4-36.6	MCR
g/dL NaCl				
Osmotic Fragility, 0.75	7.5	% hemol	0.8-9.1	MCR
g/dL NaCl				
Hemoglobin, Unstable,	Abnormal			MCR
В				
	* Daufaum 0:4a 1 amand an	14		

^{*} Perform Site Legend on last page of report

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TESTING, JOE	Final	07/15/10 04:36 P



1-800-533-1710

PATIENT N	AME			PATIENT NUMI	BER		AGE	SEX	ACCESSION #
TESTING,	JOE			L3MRNG9153190			31	М	G9153190
ORDERING PHYSICIAN							ACCOUNT # LIAISONS		
			REPORT PRINTED SPECIMEN INFORMATION						
07/15/10 0	07/15/10 04:36 P		07/23/10	10:17 A	DATE OF BIRTH: 7/11/1979				
DATE	TIME	DATE	TIME	DATE	TIME				
Test Clie	nt								
Attn: Ma	yo Liaisons								
200 First Street SW									
Rocheste	er, MN 55905								
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE*

PRECAUTIONS: False-positive results will be obtained in blood specimens that contain >5% fetal hemoglobin or in specimens that are received more than a week after the blood has been drawn.

-- EXPECTED VALUES --

Reported as:

Normal [stable] or Abnormal [unstable]

Glucose Phosphate 40.3 U/g Hb 39.3-57.7 MCR

Isomerase, B

Hemolytic Anemia MCR

Interpretation

Morphology Review

Reviewed by Dr. J.D. Hoyer.

All Red Blood cell enzymes are normal or elevated.

Normal erythrocytic osmotic fragility.

DNA sequence analysis of the beta chain confirms Hb Zurich.

Review of blood smear reveals nondiagnostic abnormalities

of erythrocytes.

	,				
Hb A	L	47.0	%	95.0-98.0	MCR
Variant		50.0 = Hb Zurich	%	No abnormal	MCR
				variants	
Hb A2		2.0	%	2.0-3.3	MCR
Hb F		1.0	%	0.0-2.0	MCR

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology
Lab Director: Franklin R. Cockerill, III, M.D.
200 First Street SW Rochester, MN 55905

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TESTING, JOE	Final	07/15/10 04:36 P

MCR