

1-800-533-1710

PATIENT NAME TESTING, 9205		PATIENT NUMBER L3MRNG9157072		AGE 30	SEX M	ACCESSION # G9157072
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/06/10 11:09 A	RECEIVED 10/06/10 11:09 A	REPORT PRINTED 10/19/10 01:47 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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Post Vasectomy Check, Semen

Abstinence	4	d		MCR
Collection Site	Outside			MCR
Semen Volume	3.5	mL	>=1.5	MCR
Centrifuged	Yes			MCR
Sperm/mL	0 SPERM SEEN	(x10)6		MCR
Comment	FRTXT			MCR

*Specimen appearance, volume, pH and viscosity were observations by
 *referring personnel.

* PERFORMING SITE

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