

1-800-533-1710

|  |                                     |   |  |   |                 |                                |
|--|-------------------------------------|---|--|---|-----------------|--------------------------------|
| <b>PATIENT NAME</b><br>TESTING, SHEILA   |                                     | <b>PATIENT NUMBER</b><br>L3MRNG9157205    |  | <b>AGE</b><br>35                              | <b>SEX</b><br>F | <b>ACCESSION #</b><br>G9157205 |
| <b>ORDERING PHYSICIAN</b>  |                                     | <b>CLIENT ORDER #</b>                     |  |   |                 | <b>ACCOUNT #</b><br>LIAISONS   |
| <b>COLLECTION</b><br>10/08/10 08:49 A  | <b>RECEIVED</b><br>10/08/10 08:49 A | <b>REPORT PRINTED</b><br>10/19/10 01:49 P |  | <b>SPECIMEN INFORMATION</b><br>DATE OF BIRTH: |                 |                                |
| <b>DATE</b> <b>TIME</b>  | <b>DATE</b> <b>TIME</b>             | <b>DATE</b> <b>TIME</b>                   |  |   |                 |                                |
| Test Client<br>Attn: Mayo Liaisons<br>200 First Street SW<br>Rochester, MN 55905<br>507-284-8202 |                                     |   |  |   |                 |                                |

| TEST REQUESTED                      | HI      | LO | REF RANGE | PERFORM SITE * |
|-------------------------------------|---------|----|-----------|----------------|
| <b>Fetomaternal Bleed, New York</b> |         |    |           |                |
| Mother's Rh                         | 0.12    |    |           | MCR            |
| Fetal-Maternal Bleed                | 6.00    |    | 0-15.00   | MCR            |
| Rh Immune Globulin                  | 9       |    | mL dose   | MCR            |
| Remarks                             | TESTING |    |           | MCR            |

## \* PERFORMING SITE

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

|  |                              |   |
|--|------------------------------|---|
| <b>PATIENT NAME</b><br>TESTING, SHEILA | <b>ORDER STATUS</b><br>Final | <b>COLLECTION DATE AND TIME</b><br>10/08/10 08:49 A |
|--|------------------------------|---|