

1-800-533-1710

<b>PATIENT NAME</b> TESTING, SHEILA		<b>PATIENT NUMBER</b> L3MRNG9157205		<b>AGE</b> 35	<b>SEX</b> F	<b>ACCESSION #</b> G9157205
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/08/10 08:49 A	<b>RECEIVED</b> 10/08/10 08:49 A	<b>REPORT PRINTED</b> 10/19/10 01:49 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 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 200 First Street SW    Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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<b>PATIENT NAME</b> TESTING, SHEILA	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/08/10 08:49 A
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