

1-800-533-1710

PATIENT NAME TESTING, KMLD		PATIENT NUMBER L3MRNG9159294		AGE 34	SEX F	ACCESSION # G9159294
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 11/05/10 07:10 A	RECEIVED 11/05/10 07:10 A	REPORT PRINTED 12/03/10 01:14 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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AGXT Gene, Known Mutation

Specimen	Blood	MCR
Specimen ID	1034873	MCR
Order Date	05 Nov 2010 07:15	MCR
Reason for Referral		MCR
This is the RFR field.		
Method		MCR
This is the Method field.		
Result		MCR
This is the Result field.		
Interpretation		MCR
This is the Interpretation field.		
Extraction Performed?	Yes	MCR
Reviewed By		MCR
Michelle Dawn Fjerstad		
Release Date	05 Nov 2010 07:16	MCR

AGXT Gene, Large Del/Dup

Specimen	Blood	MCR
Specimen ID	1034873	MCR
Order Date	05 Nov 2010 07:15	MCR
Result		MCR
This is the Result field.		
Reviewed By		MCR
Michelle Dawn Fjerstad		
Release Date	05 Nov 2010 07:17	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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PATIENT NAME TESTING, KMLD	ORDER STATUS Final	COLLECTION DATE AND TIME 11/05/10 07:10 A
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