

1-800-533-1710

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|--|-------------------------------------|---|--|--|------------------------------|--------------------------------|
| PATIENT NAME TESTING, GINA | | PATIENT NUMBER L3MRNG9157688 | | AGE 3 | SEX F | ACCESSION # G9157688 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | ACCOUNT # LIAISONS | |
| COLLECTION 10/14/10 01:10 P | RECEIVED 10/14/10 01:10 P | REPORT PRINTED 12/23/10 01:09 P | | SPECIMEN INFORMATION DATE OF BIRTH: 7/7/2007 | | |
| 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 * |
|-----------------------|----------|--|------------------|-----------------------|

Hemoglobin, Unstable, B

| | | | |
|-------------------------|--------|--|-----|
| Hemoglobin, Unstable, B | Normal | | MCR |
|-------------------------|--------|--|-----|

-- EXPECTED VALUES --

Reported as:

Normal [stable] or

Abnormal [unstable]

HGB Electrophoresis, Molecular

| | | | |
|------------------------------|-----------|--|-----|
| Manual DNA Extraction | Performed | | MCR |
| Alpha Globin Gene Sequencing | Performed | | MCR |

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. It has not been cleared or approved by the U.S. Food and Drug Administration.

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|-----------------------------|-----------|--|-----|
| Beta Globin Gene Sequencing | Performed | | MCR |
|-----------------------------|-----------|--|-----|

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|---------------------------|-----------|--|-----|
| Beta Globin Gene Sequence | Performed | | MCR |
|---------------------------|-----------|--|-----|

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|----------------------------|-----------|--|-----|
| Alpha Globin Gene Sequence | Performed | | MCR |
|----------------------------|-----------|--|-----|

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|--------------------------|-----------|--|-----|
| Beta Globin Gene Del/Dup | Performed | | MCR |
|--------------------------|-----------|--|-----|

Hb Variant by Mass Spec, B

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|----------------------------|-----------|--|-----|
| Hb Variant by Mass Spec, B | Performed | | MCR |
|----------------------------|-----------|--|-----|

* Perform Site Legend on last page of report

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| PATIENT NAME TESTING, GINA | ORDER STATUS Final | COLLECTION DATE AND TIME 10/14/10 01:10 P |
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HGB Electrophoresis Cascade

| | | | | | |
|-----------------------------|---|-------------|---|----------------------|-----|
| Hemoglobin A Variant | L | 24.2 | % | 95.8-98.0 | MCR |
| | | 24.2 = Hb S | % | No abnormal variants | MCR |
| Variant 2 | | 40.0 = Hb C | % | No abnormal variants | MCR |
| Variant 3 | | 8.2 = Hb J | % | No abnormal variants | MCR |

Interpretation

Reviewed by Dr. J.D. Hoyer.

Patient must be transfused.

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|----------------------|---|-----|---|---------|-----|
| Hemoglobin A2 | H | 3.4 | % | 2.0-3.3 | MCR |
| Hemoglobin F | | 0.0 | % | 0.0-0.9 | MCR |

IEF Confirms

| | | | | | |
|---------------------|-----|--|--|--|-----|
| IEF Confirms | YES | | | | 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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