

1-800-533-1710

PATIENT NAME TEST, TONY		PATIENT NUMBER L3MRNG9161501		AGE 44	SEX M	ACCESSION # G9161501
ORDERING PHYSICIAN			CLIENT ORDER #		ACCOUNT # LIAISONS	
COLLECTION 12/15/10 09:15 A	RECEIVED 12/15/10 09:19 A	REPORT PRINTED 01/13/11 02:19 P		SPECIMEN INFORMATION DATE OF BIRTH: 11/21/1966		
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 *
----------------	----	----	-----------	----------------

Strict Criteria Sperm Morphology

Strict Morph NL	L	4.0	%	>=4.5	MCR
Acrosom Defect		10.0	%		MCR
Head Shape Abnormal		10.0	%		MCR
Head Size Abnormal		10.0	%		MCR
Midpiece Defect		10.0	%		MCR
Tail Defect		10.0	%		MCR
Double Forms		10.0	%		MCR
Multiple Defects		36.0	%		MCR
Germ Cells/mL		3.00	(x10)6	<4.00	MCR
WBC/mL		0.80	(x10)6	<1.00	MCR
Comment					MCR

Germinal cells and WBC/mL calculations were based on a concentration of 100.0 million sperm/mL provided by the client.

* 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.
-----	---	--

PATIENT NAME TEST, TONY	ORDER STATUS Final	COLLECTION DATE AND TIME 12/15/10 09:15 A
-----------------------------------	------------------------------	---