

1-800-533-1710

PATIENT N				PATIENT NU			AGE	SEX	ACCESSION #
TESTING	, 60589			L3MRNG91	63442		25	M	G9163442
ORDERING	9 PHYSICIAN			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTI	ON	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
01/19/11	11:02 A			01/19/11	01:45 P	DATE OF BIRTH:			
DATE	TIME	DATE	TIME	DATE	TIME				
Test Client									
Attn: Mayo Liaisons									
200 First Street SW									
Rochest	er, MN 55905								
507-284	-8202								

	HI		•		
TEST REQUESTED	LO			REF RANGE	PERFORM SITE *
Cell with Antigen Panel					
CD45 Lymph Count,	L	<0.02	thou/mcL	0.99-3.15	MCR
Flow					
% CD3 (T Cells)		60	%	59-83	MCR
% CD19 (B Cells)		20	%	6-22	MCR
% CD16+CD56 (NK cells	s)	20	%	6-27	MCR
% CD4 (Helper Cells)		40	%	31-59	MCR
% CD8 (Supp'r Cells)		30	%	12-38	MCR
CD3 (T Cells)		800	cells/mcL	677-2383	MCR
CD19 (B Cells)		300	cells/mcL	99-527	MCR
CD16+CD56 (NK cells)		500	cells/mcL	101-678	MCR
CD4 (Helper Cells)		1000	cells/mcL	424-1509	MCR
CD8 (Supp'r Cells)		500	cells/mcL	169-955	MCR
H/S Ratio		2.00		>=1.0	MCR
Interpretation					MCR
PATIENT DISPLA	YS NORMA	L RESPONSE TO AN	TIGENS.		
Analyte Specif:	ic Reage	nt			
This test was o	develope	d and its perfor	mance characteristics		
determined by	Laborato	ry Medicine and	Pathology, Mayo		
Clinic. This to	est has i	not been cleared	or		
approved by the	e U.S. Fo	ood and Drug Adm	inistration.		
Viab of Lymphs at Day		77.2	%	>=75.0	MCR
0					
Max Prolif of CA as % CD45		5.7	%	>=5.7	MCR

\* Perform Site Legend on last page of report

%

%

3.0

5.2

3.3

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 60589	Final	01/19/11 11:02 A

Max Prolif of CA as %

Max Prolif of TT as %

Max Prolif of TT as %

CD3

**CD45** 

CD3

**MCR** 

MCR

**MCR** 

>=3.0

>=5.2

>=3.3



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PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 60589			L3MRNG91	63442		25	М	G9163442
ORDERING PHYSICIAN	1		CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	NTED	SPECIMEN INFORMA	ATION		
01/19/11 11:02 A			01/19/11	01:45 P	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								
	НІ				-1			
TEST REQUESTED	LO					REF RAN	IGE	PERFORM SITE *

## \* PERFORMING SITE

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

	PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
1	TESTING, 60589	Final	01/19/11 11:02 A
- 1			

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