

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 60592			L3MRNG91	L3MRNG9163445		49	М	G9163445
ORDERING PHYSICIAN			CLIENT ORD	ER#	•			ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
01/19/11 11:04 A	01/19/11 1	1:04 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								

HI

TEST REQUESTED LO REF RANGE PERFORM SITE \*

## Lymphocyte Proliferation, Antigens

Interpretation MCR

PATIENTS DISPLAYS NORMAL RESPONSE TO ANTIGENS.

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo

Clinic. This test has not been cleared or

approved by the U.S. Food and Drug Administration.

••	-			
Viab of Lymphs at Day	77.2	%	>=75.0	MCR
0				
Max Prolif of CA as %	5.7	%	>=5.7	MCR
CD45				
Max Prolif of CA as %	3.0	%	>=3.0	MCR
CD3				
Max Prolif of TT as %	5.2	%	>=5.2	MCR
CD45				
Max Prolif of TT as %	3.3	%	>=3.3	MCR
CD3				

## \* 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
TESTING, 60592	Final	01/19/11 11:04 A