

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TEST, A1			L3MRNG91	L3MRNG9163180			М	G9163180
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
01/14/11 01:58 P	01/14/11 ()1:58 P	01/28/11	11:52 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME	_			
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Prostate-Specific Ag Diagnostic, S

Prostate-Specific Ag

<0.10 ng/mL

<=2.0

SDL

Diagnostic, S

The testing method is an electrochemiluminescence assay manufactured by Roche Diagnostics Inc. and performed on the Modular or Cobas system. Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr Lab Director: Franklin R. Cockerill, III, M.D. 3050 Superior Dr. NW Rochester, MN 55901

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TEST, A1	Final	01/14/11 01:58 P