

1-800-533-1710

<b>PATIENT NAME</b> TESTING, SUE		<b>PATIENT NUMBER</b>		<b>AGE</b> NOT GI	<b>SEX</b>	<b>ACCESSION #</b> G9145971
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 03/09/10 08:00 A	<b>RECEIVED</b> 03/10/10 04:03 P	<b>REPORT PRINTED</b> 03/16/10 08:36 A		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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**Viral Culture, Respiratory**

<b>Specimen Source</b>	<b>MCR</b>
BRONCHIAL WASHINGS	
<b>Result</b>	<b>MCR</b>
Negative	
<b>Report Status</b>	<b>MCR</b>
FINAL 03102010	

## \* 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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<b>PATIENT NAME</b> TESTING, SUE	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 03/09/10 08:00 A
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