

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 91347		<b>PATIENT NUMBER</b> L3MRNW3747461		<b>AGE</b> 49	<b>SEX</b> F	<b>ACCESSION #</b> W3747461
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 05/17/10 04:27 P <b>DATE</b> <b>TIME</b>	<b>RECEIVED</b> 05/17/10 04:27 P <b>DATE</b> <b>TIME</b>	<b>REPORT PRINTED</b> 05/18/10      11:30 A <b>DATE</b> <b>TIME</b>		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH: 6/19/1960		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

<b>TEST REQUESTED</b>	HI LO	<b>REF RANGE</b>	<b>PERFORM SITE *</b>
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**ApoE Genotyping**
**ApoE Genotyping**

REF

Testing is complete. Final copy has been faxed to the referring laboratory.

Test Performed by: Athena Diagnostics  
 377 Plantation St  
 Four Biotech Park  
 Worcester, MA 01605

\* PERFORMING SITE

<b>PATIENT NAME</b> TESTING, 91347	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 05/17/10 04:27 P
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