

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name TESTING,83727	Patient ID	Age	Gender	<b>Order #</b> W3001766
Ordering Phys		DOB		
Client Order # W3001766	Account Information C7999998-STUSTEST	Report N	otes	
<b>Collected</b> 10/22/2009 06:00	200 FIRST STREET SW ROCHESTER, MN 55901			
Printed 10/22/2009 11:14	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
ZAP-70			PEDORTED 1	0/22/2009 10:46	
Accession Number		BR09-33784	KBI OKIBD I	3/22/2005 10:10	MCR
Referring Pathologist/Physician		DR09 33701			MCR
ATTN: Referral Testing					11010
Ref. Path Address					MCR
Testing Hospital					
123 Test Ave					
Room 321					
Testerville, MN 90210					
Material 2 acd tubes peripheral blood f SLIDE DISPOSITION: Specimen: A:Peripheral Blood	or flow o	cytometry			MCR MCR
Final Diagnosis					MCR
Peripheral blood, flow cytomet light chain-restricted B- Comment: Negative ZAP70 has been associated with a be chronic lymphocytic leuke disorders has not been de	cells are expression tter outo mia (CLL	e negative for on (less than 2 come in patient ). Its role ir	ZAP70 (6%). 20% of B-cells) as with B-cell to other B-cell		
to					
add any additional clinic	ar or dia	agnostic value	III HON-CLL		
Procedure: Flow cytometr antibodies directed again immunoglobulin light chai 10/16/2009 12:18 Interpre	st CD3, ons, and	CD19, surface k ZAP70.	sappa and lambda		
Ph.D.	_				
5-3915					
Report electronically sig Transcribed by: 11m29 10/ Analyte Specific Reagent This was developed and i determined by Laboratory has not been cleared or a Administration.	16/2009 ( ts performedicine	08:36:42 rmance characte and Pathology,	eristics Mayo Clinic. It		

## \* Performing Site:

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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Patient Name	Collection Date and Time	Report Status
TESTING,83727	10/22/2009 06:00	Final
Page 1 of 1		** End of Report **

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT