

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name TESTING,81745	Patient ID	Age	Gender	<b>Order #</b> W2921312	
Ordering Phys		DOB			
Client Order # W2921312	Account Information C7999998-STUSTEST				
<b>Collected</b> 10/14/2009 06:00	200 FIRST STREET SW ROCHESTER, MN 55901				
<b>Printed</b> 10/15/2009 11:33	(507)266-5730				

Test	Flag	Results	Unit	Reference Value	Perform Site*
V Types 1 & 2 DNA			REPORTED 1	0/14/2009 13:12	
Accession Number		HR09-52149			MCR
Referring Pathologist/Physician					MCR
TESTING, TEST, M.D.					
Ref Path/Phys Address					MCR
TESTING Medical Center					
123 TESTING STREET					
TEST, MN 12345					
(999) 888-8888 Ext. 2100					
Priority Phone: 123-456-7	890				
Fax Phone: (777) 111-2222					
Material:					MCR
1 block MCS09-29557					MOD
Tissue: A:right thigh					MCR
Interpretation:					MCR
HSV-inSitu Hybridization for	Hernes Simr	lev Virue:			MCR
In Situ Hybridization test			1 and 2 for		
block MCS09-29557-1A is N	-	CD DIMPICA VII UD	1 4114 2 101		
Positive and Negative cont	_	appropriately.			
10/6/2009 14:45 Interpret			D., Ph.D.		
4-6752	1	121,	.,		
Report electronically sign	ed by Ricard	lo V. Lloyd, M.D.	, Ph.D.		
Transcribed by: 11f05 10/					

## \* 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.

Patient Name	Collection Date and Time	Report Status
TESTING,81745	10/14/2009 06:00	Final
Page 1 of 1		** End of Report **

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