

1-800-533-1710

PATIENT NAME TESTING, 60590			PATIENT NUMBER L3MRNG9163443		<b>AGE</b> 50	SEX M	<b>ACCESSION #</b> G9163443	
ORDERING PHYSICIAN	,		CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR		SPECIMEN INFORMA	ATION		
01/19/11 11:03 A			01/19/11	01:45 P	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME	1			
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								
	HI							

	HI				
TEST REQUESTED	LO			REF RANGE	PERFORM SITE *
T-Cell Immune Competence Pan	el				
CD45 Lymph Count,	L	<0.02	thou/mcL	0.99-3.15	MCR
Flow					
% CD3 (T Cells)		60	%	59-83	MCR
% CD19 (B Cells)		20	%	6-22	MCR
% CD16+CD56 (NK cells)		20	%	6-27	MCR
% CD4 (Helper Cells)		40	%	31-59	MCR
% CD8 (Supp'r Cells)		30	%	12-38	MCR
CD3 (T Cells)		800	cells/mcL	677-2383	MCR
CD19 (B Cells)		300	cells/mcL	99-527	MCR
CD16+CD56 (NK cells)		500	cells/mcL	101-678	MCR
CD4 (Helper Cells)		1000	cells/mcL	424-1509	MCR
CD8 (Supp'r Cells)		500	cells/mcL	169-955	MCR
H/S Ratio		2.00		>=1.0	MCR
Interpretation					MCR
PATIENT DISPLAYS	S NORMAL	RESPONSE TO	MITOGENS.		
Analyte Specific	c Reagen	t			
This test was de	eveloped	and its perf	ormance characteristics		
determined by La	aborator	y Medicine an	d Pathology, Mayo		
Clinic. This te	st has n	ot been clear	ed or		
approved by the	U.S. Fo	od and Drug A	dministration.		
Viab of Lymphs at Day		77.2	%	>=75.0	MCR
0					
Max Prolif of PWM as %		4.5	%	>=4.5	MCR
CD45					
Max Prolif of PWM as %		3.5	%	>=3.5	MCR
CD3					
Max Prolif of PWM as %		3.9	%	>=3.9	MCR
CD19					
Max Prolif of PHA as %		49.9	%	>=49.9	MCR

\* Perform Site Legend on last page of report

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 60590	Final	01/19/11 11:03 A

**CD45** 



1-800-533-1710

PATIENT NAME TESTING, 60590			_	PATIENT NUMBER L3MRNG9163443		<b>AGE</b> 50	SEX M	<b>ACCESSION #</b> G9163443
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
<b>COLLECTION</b> 01/19/11 11:03 A	RECEIVED		<b>REPORT PR</b> 01/19/11	INTED 01:45 P	SPECIMEN INFORMA	TION		
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaiso	ns							
200 First Street S	W							
Rochester, MN 5	5905							
507-284-8202								

	HI			
TEST REQUESTED	LO		REF RANGE	PERFORM SITE *
Max Prolif of PHA as %	58.5	%	>=58.5	MCR
CD3				
Interpretation				MCR
PATIENT DISPLAYS	NORMAL RESPONSE TO AN	TIGENS.		
Analyte Specific	: Reagent			
This test was de	eveloped and its perfor	mance characteristic	s	
determined by La	aboratory Medicine and	Pathology, Mayo		
Clinic. This tes	st has not been cleared	or		
approved by the	U.S. Food and Drug Adm	inistration.		
Viab of Lymphs at Day	77.2	%	>=75.0	MCR
0				
Max Prolif of CA as %	5.7	%	>=5.7	MCR
CD45				
Max Prolif of CA as %	3.0	%	>=3.0	MCR
CD3				
Max Prolif of TT as %	5.2	%	>=5.2	MCR
CD45				
Max Prolif of TT as %	3.3	%	>=3.3	MCR
CD3				

## \* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
	200 First Street SW Rochester, MN 55905	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 60590	Final	01/19/11 11:03 A