

1-800-533-1710

<b>PATIENT NAME</b> TESTING, ANN		<b>PATIENT NUMBER</b> L3MRNG9168102		<b>AGE</b> 4	<b>SEX</b> F	<b>ACCESSION #</b> G9168102
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 04/08/11 08:00 A <b>DATE</b> <b>TIME</b>	<b>RECEIVED</b> 04/08/11 12:23 P <b>DATE</b> <b>TIME</b>	<b>REPORT PRINTED</b> 04/22/11      09:23 A <b>DATE</b> <b>TIME</b>		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
----------------	----------	-----------	----------------

**Hexosaminidase A and Total, S**
**REPORTED: 04/08/11 03:08 P**

<b>Specimen</b>	Serum		MCR
<b>Specimen ID</b>	1040237		MCR
<b>Order Date</b>	08 Apr 2011 12:54		MCR
<b>Reason For Referral</b>			MCR
Reason for Referral not provided.			
<b>Method</b>			MCR
Heat Inactivation, Fluorometric			
<b>Hexosaminidase A and Total, S</b>	10.3	U/L	MCR
-- EXPECTED VALUES --			
Reference values have not been established for patients that are less than 5 years of age.			
<b>Percent A</b>	81	%	MCR
-- EXPECTED VALUES --			
Reference values have not been established for patients that are less than 5 years of age.			
<b>Interpretation</b>			MCR
These results indicate this individual is not affected with Tay-Sachs disease (OMIM 272800). Please note that patients with the AB variant (OMIM 272750) or late-onset Tay-Sachs disease (B1 variant OMIM 272800) will not be detected. If this patient shows symptoms of later-onset Tay-Sachs disease (>= 2 years), consider ordering Hexosaminidase A (MUGS), Serum (MML 80350) to rule out the B1 variant. Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have questions.			
<b>Reviewed By</b>	Janice K Helgeson		MCR
<b>Release Date</b>	08 Apr 2011 15:04		MCR

\* Perform Site Legend on last page of report

<b>PATIENT NAME</b> TESTING, ANN	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 04/08/11 08:00 A
-------------------------------------	------------------------------	---

1-800-533-1710

<b>PATIENT NAME</b> TESTING, ANN		<b>PATIENT NUMBER</b> L3MRNG9168102		<b>AGE</b> 4	<b>SEX</b> F	<b>ACCESSION #</b> G9168102
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 04/08/11 08:00 A	<b>RECEIVED</b> 04/08/11 12:23 P	<b>REPORT PRINTED</b> 04/22/11 09:23 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						

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

## \* 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.
---	--

<b>PATIENT NAME</b> TESTING, ANN	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 04/08/11 08:00 A
-------------------------------------	------------------------------	---