

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 91518		<b>PATIENT NUMBER</b> L3MRNW4079269		<b>AGE</b> 45	<b>SEX</b> F	<b>ACCESSION #</b> W4079269
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 05/02/11 09:21 A	<b>RECEIVED</b> 05/02/11 09:21 A	<b>REPORT PRINTED</b> 05/02/11 11:34 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						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
HER-2/neu Quantitative ELISA				
Her-2/neu Quantitative		9.5	0.0 - 15.0	REF
Test Performed by: LabCorp Burlington 1447 York Court Burlington, NC 27215-2230				

\* PERFORMING SITE

<b>PATIENT NAME</b> TESTING, 91518	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 05/02/11 09:21 A
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