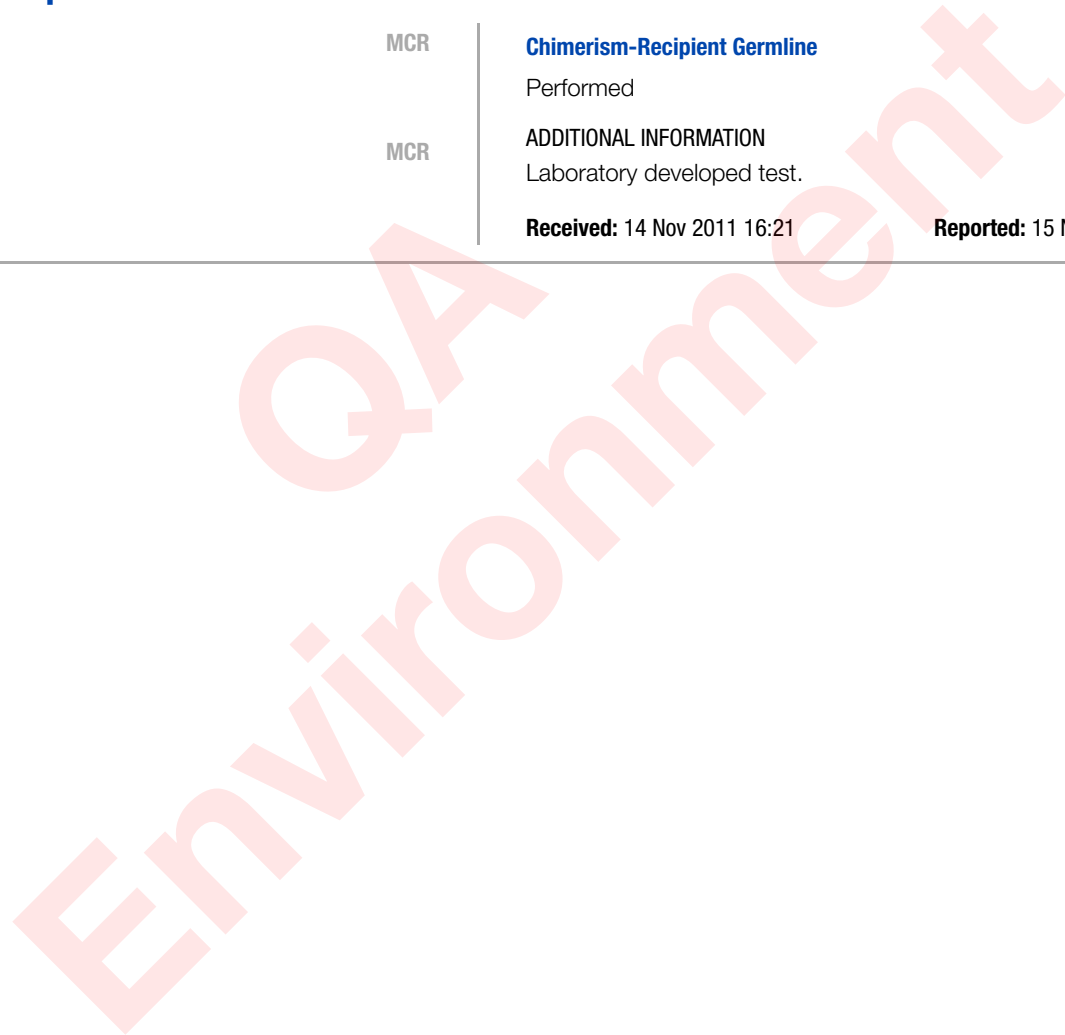




Patient ID <b>RVDMOHB035</b>	Patient Name <b>REPORTVALIDATION, AUTOMATION DMOHB</b>	Birth Date <b>1971-01-01</b>	Gender <b>F</b>	Age <b>40</b>
Order Number <b>RVDMOHB035</b>	Client Order Number <b>RVDMOHB035</b>	Ordering Physician <b>,</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>14 Nov 2011 16:21</b>		

## Chimerism-Recipient Germline

<b>Donor</b> A	MCR	<b>Chimerism-Recipient Germline</b> Performed	MCR
<b>Specimen Type</b> Peripheral blood	MCR	ADDITIONAL INFORMATION Laboratory developed test.	
		<b>Received:</b> 14 Nov 2011 16:21	<b>Reported:</b> 15 Nov 2011 07:51



### Performing Site Legend

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905