

1-800-533-1710

PATIENT NAME TESTING, 28334		PATIENT NUMBER L3MRNG9156916		AGE 23	SEX F	ACCESSION # G9156916
ORDERING PHYSICIAN			CLIENT ORDER #		ACCOUNT # LIAISONS	
COLLECTION 10/01/10 12:15 P	RECEIVED 10/01/10 12:15 P	REPORT PRINTED 10/15/10 11:52 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
CD4 T-Cell Count, New York				
CD45 Lymph Count, Flow	3.00		thou/mcL 0.99-3.15	MCR
% CD3 (T Cells)	60		% 59-83	MCR
% CD4 (Helper Cells)	50		% 31-59	MCR
% CD8 (Supp'r Cells)	30		% 12-38	MCR
CD3 (T Cells)	1250		cells/mcL 677-2383	MCR
CD4 (Helper Cells)	500		cells/mcL 424-1509	MCR
CD8 (Supp'r Cells)	300		cells/mcL 169-955	MCR
H/S Ratio	2.30		>=1.0	MCR
Reviewed by	AM			MCR

* 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.
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