

Laboratory Service Report

1-800-533-1710

REPORTED 09/26/2012 08:46

Patient Name	Patient ID	Age	Gender	Order #	
SAMPLEREPORT,FHME	SA00049285	41	M	SA00049285	
Ordering Phys		·		DOB 11/09/1970	
Client Order # SA00049285	Account Information			Report Notes	
Collected 09/25/2012 13:00	3050 SUPERIOR DRI	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
Printed 09/26/2012 14:35	ROCHESTER,MN 559	901			

Reference Perform
Test Flag Results Unit Value Site*

Hemiplegic Migraine Evaluation

Y00

Testing is complete. Final copy has been faxed to the referring laboratory.

* Performing Site:

Y007	Athena Diagnostics 377 Plantation St Four Biotech Park Worcester, MA 01605	Lab Director:	

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,FHME	09/25/2012 13:00	Final
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