



Patient ID <b>SA00049836</b>	Patient Name <b>SAMPLEREPORT, CFRC N</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00049836</b>	Client Order Number <b>SA00049836</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>15 Oct 2012 00:00</b>		

**Bacterial Culture, Cystic Fibrosis**

MCR

**SOURCE:**

**BACTERIAL CULTURE, CYSTIC FIBROSIS**

FINAL

No Growth after 4 days of incubation.

**Received:** 16 Oct 2012 14:04

**Reported:** 16 Oct 2012 14:05

QA Environment

**Performing Site Legend**

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