

1-800-533-1710

PATIENT NAME TESTING, ALISSA		PATIENT NUMBER		AGE 56	SEX F	ACCESSION # G9140012
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 11/12/09 09:58 A	RECEIVED 11/12/09 09:58 A	REPORT PRINTED 11/17/09 10:16 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 *
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Immunoglobulin Gene Rearrange, V
Accession number BR09-204 MCR
Referring Pathologist/Physician MCR

Doctor Test Jr., M.D.

Ref Path/Phys Address MCR

 Methodist Hospital
 200 1st Street SW
 Rochester, MN 55905
 507-266-0740

Material: MCR

 Periphial Blood 1 tube
 SLIDE DISPOSITION:

Specimen: MCR

A: Peripheral Blood

Final Diagnosis: MCR

 Cerebrospinal fluid, immunoglobulin gene rearrangement analysis:
 Invalid study due to lack of amplification of immunoglobulin target
 DNA. This suggests that inhibitors of PCR or minimal target/total
 DNA is present.

 Method summary -- immunoglobulin gene rearrangement: Genomic DNA
 was extracted and a PCR-based assay performed using primers that
 bind the heavy and kappa light chain genes (see Mayo Medical
 Laboratories Interpretive Handbook for method details).

Signing Pathologist: 11/12/2009 10:07 MCR

 Interpreted by:
 Pathologist X. Test, M.D.

 Report electronically signed by Alissa M. Lewis McCaleb
 Transcribed by: alm 11/12/2009 10:04:40

Interpretation and Report

* Perform Site Legend on last page of report

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Interpretation and Report	Performed		MCR
Immunoglobulin Gene Rearrange PCR			
Immunoglobulin Gene Rearrange PCR	Performed		MCR
HPGDE, DNA extraction			
HPGDE, DNA extraction	Performed		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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