



Patient ID M0002090	Patient Name SAMPLEREPORT, FFRBS A	Birth Date 1971-09-28	Gender F	Age 40
Order Number M0002090	Client Order Number M0002090	Ordering Physician ,	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 26 Jun 2012 23:59		

Frataxin, Quant, BS

Reason for Referral

Not provided

MCR

Interpretation

MCR

In this sample, the level of frataxin is deficient. This result indicates that this individual is affected with Friedreich Ataxia (OMIM 229300). If clinically indicated, consider further confirmation by molecular genetic analysis of the FRDA1 gene. A genetics consultation is recommended.

Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have any questions.

ADDITIONAL INFORMATION

Immunoassay

Received: 26 Jun 2012 23:59

Reported: 26 Mar 2013 08:16

Frataxin



8 ng/mL

MCR

Reference Value
≥21

Performing Site Legend

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