



Patient ID <b>SA00056631</b>	Patient Name <b>SAMPLEREP, POSV N</b>	Birth Date <b>1976-06-10</b>	Gender <b>M</b>	Age <b>36</b>
Order Number <b>SA00056631</b>	Client Order Number <b>SA00056631</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>16 Apr 2013 00:00</b>		

## Post Vasectomy Check, Semen

**Abstinence**

3.0 d

MCR

**Centrifuged**

Yes

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**Collection Site**

Referring Institution

MCR

**Sperm/mL**

0 sperm seen x10(6)

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**Semen Volume**

3.0 mL

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Reference Value  
≥1.5

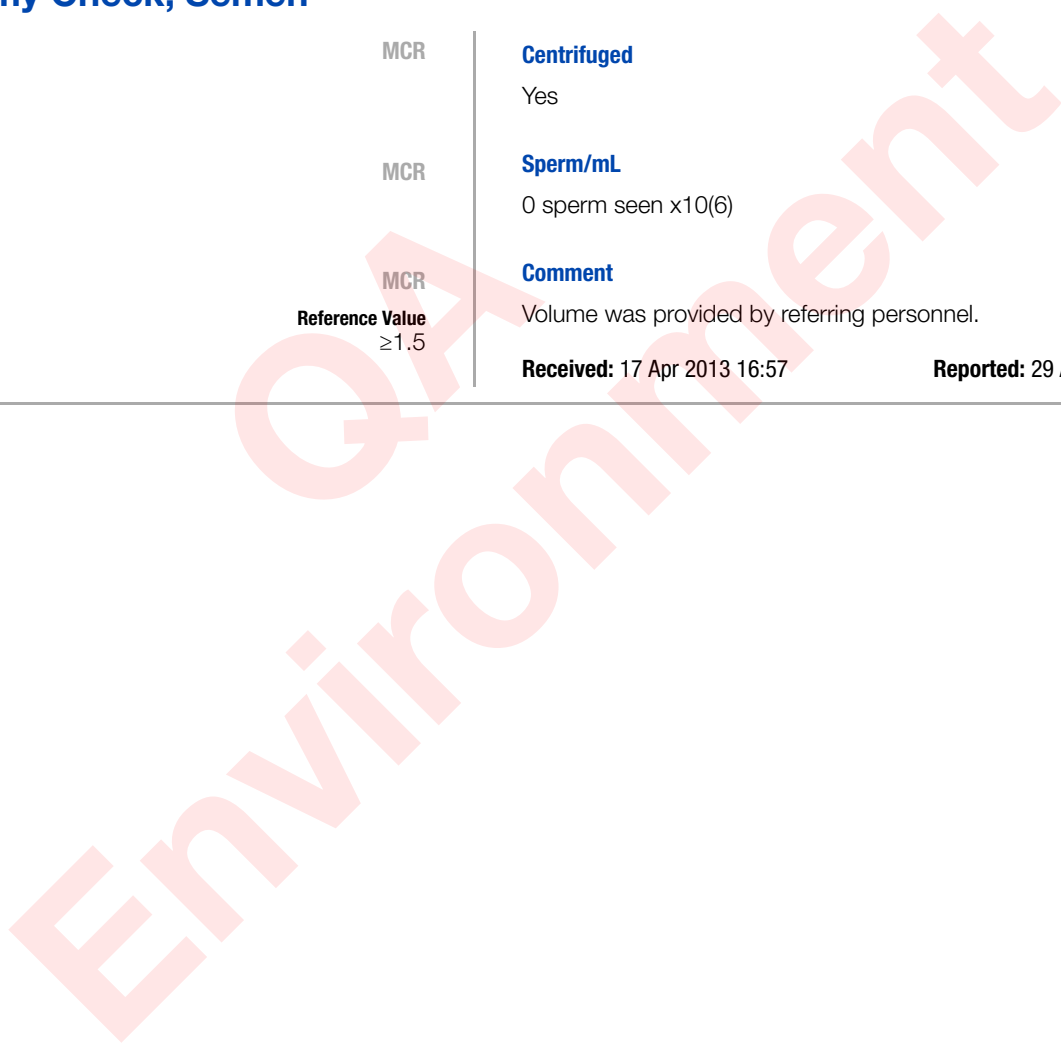
**Comment**

Volume was provided by referring personnel.

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**Received:** 17 Apr 2013 16:57

**Reported:** 29 Apr 2013 14:19



**Performing Site Legend**

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