

Patient Name SAMPLEREP,SPMON N	Patient ID SA00059297	Age 47	Gender F	Order # SA00059297
Ordering Phys CLIENT,CLIENT				DOB 06/10/1966
Client Order # SA00059297	Account Information			Report Notes
Collected 06/23/2013 00:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 06/25/2013 11:29				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Hb S/F Therapeutic Monitoring, B					
RECEIVED: 06/24/2013 17:33 REPORTED: 06/24/2013 17:37					
Hemoglobin F		0.6	%	0.0-0.9	MCR
Hemoglobin S		0.0	%	0.0	MCR
Hb S/F Interpretation					
This assay will not discriminate Hgb S trait from homozygous sickle cell disease (S/S), nor any of the following combinations: S/C, S/D, S/G, S/E, S/beta-thalassemia, S/O-Arab, and C-Harlem trait. If definitive classification is needed, please order the hemoglobin electrophoresis test (test code 81626) and submit a new sample.					

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director:
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Patient Name SAMPLEREP,SPMON N	Collection Date and Time 06/23/2013 00:00	Report Status Final
Page 1 of 1		** End of Report **

* Report times for Mayo performed tests are CST/CDT