

<b>Patient Name</b> SAMPLEREPORT,FADAE	<b>Patient ID</b> SA00064527	<b>Age</b> 49	<b>Gender</b> M	<b>Order #</b> SA00064527
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 06/27/1964
<b>Client Order #</b> SA00064527	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 11/19/2013 06:00	C7028846-DLMP Rochester SDSC 2 - Client Support Rochester, MN 55901			
<b>Printed</b> 11/21/2013 10:02				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Autosomal Dominant Ataxia Eval					Y00 7

RECEIVED: 11/19/2013 14:41 REPORTED: 11/19/2013 15:00  
Testing is complete. Final copy has been faxed to the referring laboratory.

\* Performing Site:

Y007	Athena Diagnostics 377 Plantation St Four Biotech Park Worcester, MA 01605	Lab Director:
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<b>Patient Name</b> SAMPLEREPORT,FADAE	<b>Collection Date and Time</b> 11/19/2013 06:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

\* Report times for Mayo performed tests are CST/CDT