

<b>Patient Name</b> TESTING,91760	<b>Patient ID</b>	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W3064126
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W3064126	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	<b>Report Notes</b>		
<b>Collected</b> 10/28/2009 13:57				
<b>Printed</b> 10/28/2009 14:26	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
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REPORTED 10/28/2009 14:02

**PAI-1 Locus 4G/5G**

Testing is complete. Final copy has been faxed to the referring laboratory.

 Test Performed by: Esoterix Coagulation  
 8490 Upland Dr.  
 Suite 100  
 Englewood, CO 80112

<b>Patient Name</b> TESTING,91760	<b>Collection Date and Time</b> 10/28/2009 13:57	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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