

<b>Patient Name</b> TESTING,91449	<b>Patient ID</b>	<b>Age</b> 8 Y	<b>Gender</b> M	<b>Order #</b> W1892176
<b>Ordering Phys</b>		<b>DOB</b> 01/02/2001		
<b>Client Order #</b> W1892176	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901  (507)266-5730	<b>Report Notes</b>		
<b>Collected</b> 07/09/2009 02:00				
<b>Printed</b> 07/10/2009 08:13				

Test	Flag Results	Unit	Reference Value	Perform Site*
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REPORTED 07/10/2009 07:23

**Co-Sensorimotor Neuropathy Profile**

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

 Test Performed by:Athena Diagnostics  
 377 Plantation St  
 Four Biotech Park  
 Worcester, MA 01605

<b>Patient Name</b> TESTING,91449	<b>Collection Date and Time</b> 07/09/2009 02:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

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