

Laboratory Service Report

1-800-533-1710

Patient Name TESTING,80184	Patient ID	Age	Gender	Order # W2864204
Ordering Phys		DOB		
Client Order # W2864204	Account Information C7999998-STUSTEST	Report N	otes	
Collected 10/08/2009 12:21	200 FIRST STREET SW ROCHESTER, MN 55901			
Printed 10/09/2009 09:32	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Pap Smear, Diagnost w/o Phys Interp			REPORTED 10	/08/2009 13:19	
Accession Number Final Diagnosis:		PR09-39741			MCR MCR
A. Cervical/Endocervical S Satisfactory for evaluation	_	ic:			
Inadequate endocervical/ Negative for intraepitheli	transformatio	_	t		
Comment: An inadequate end component is not necessari the Correlation with the required.	ly an indicat	ion for immedia	tely repeating		
Cytotechnologist:		1 /-	a a = \		MCR
Report electronically signe 7/28/2009 15:56 Interpreted	-				
Specimen Description: A. Cervical/Endocervical S Conventional smear.	-				MCR

* Performing Site:

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905 Lab Director: Franklin R. Cockerill, III, M.D.

Patient Name	Collection Date and Time	Report Status	
TESTING,80184	10/08/2009 12:21	Final	
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^{*} Report times for Mayo performed tests are CST/CDT