

1-800-533-1710

PATIENT NAME TESTING, 200095		PATIENT NUMBER L3MRNG9162934		AGE 56	SEX M	ACCESSION # G9162934
ORDERING PHYSICIAN			CLIENT ORDER #		ACCOUNT # LIAISONS	
COLLECTION 01/12/11 08:20 A	RECEIVED 01/12/11 08:20 A	REPORT PRINTED 03/03/11 09:19 A		SPECIMEN INFORMATION		
DATE TIME	DATE TIME	DATE TIME	DATE OF BIRTH:			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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Prostate-Specific Ag Diagnostic, S			REPORTED: 01/12/11 08:21 A
Prostate-Specific Ag	2.0	ng/mL	<=3.5 NEL
Diagnostic, S			

The testing method is an electrochemiluminescence assay manufactured by Roche Diagnostics Inc. and performed on the Modular or Cobas system. Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

* PERFORMING SITE

NEL Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TESTING, 200095	ORDER STATUS Final	COLLECTION DATE AND TIME 01/12/11 08:20 A
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