

1-800-533-1710

<b>PATIENT NAME</b> TESTING, RENAL STAINS		<b>PATIENT NUMBER</b> L3MRNG9154304		<b>AGE</b> 22	<b>SEX</b> F	<b>ACCESSION #</b> G9154304
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>			<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 08/07/10 06:00 A	<b>RECEIVED</b> 08/07/10 07:19 P	<b>REPORT PRINTED</b> 08/20/10 03:40 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
<b>Renal Bx, Electron Microscopy</b>			
Renal Bx, Electron Microscopy	Performed		MCR
<b>Renal Bx, Immunohistology</b>			
Renal Bx, Immunohistology	Performed		MCR
<b>Renal Bx, Light Microscopy</b>			
Renal Bx, Light Microscopy	Performed		MCR
<b>IgA IF, Renal</b>			
IgA IF, Renal	Performed		MCR
<b>IgG IF, Renal</b>			
IgG IF, Renal	Performed		MCR
<b>IgM IF, Renal</b>			
IgM IF, Renal	Performed		MCR
<b>Lambda IF, Renal</b>			
Lambda IF, Renal	Performed		MCR
<b>Kappa IF, Renal</b>			
Kappa IF, Renal	Performed		MCR
<b>C1q IF, Renal</b>			
C1q IF, Renal	Performed		MCR
<b>C3 IF, Renal</b>			
C3 IF, Renal	Performed		MCR
<b>Albumin IF, Renal</b>			

\* Perform Site Legend on last page of report

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TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Albumin IF, Renal	Performed		MCR
Fibrinogen IF, Renal	Performed		MCR
IgG1 IF, Renal	Performed		MCR
IgG2 IF, Renal	Performed		MCR
IgG3 IF, Renal	Performed		MCR
IgG4 IF, Renal	Performed		MCR
Renal Pathology Consultation			
Accession Number	KR10-5		MCR
Specimen:			MCR
A:Renal Needle Biopsy			
Final Diagnosis:			MCR
Kidney, needle biopsy: IgA nephropathy, with secondary focal segmental and global glomerulosclerosis.			
Signing Pathologist:	8/7/2010 19:41 Interpreted by: Pathologist X. Test, M.D.		MCR
Report electronically signed by Debbie A. Postier			
Transcribed by: dap07 8/7/2010 19:41:59			

## \* PERFORMING SITE

MCR    Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
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\* Perform Site Legend on last page of report

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<b>TEST REQUESTED</b>	<b>HI</b>	<b>LO</b>	<b>REF RANGE</b>	<b>PERFORM SITE *</b>
200 First Street SW Rochester, MN 55905				

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