

1-800-533-1710

PATIENT NAME TESTING, FFRBS		PATIENT NUMBER L3MRNG9156276		AGE 34	SEX F	ACCESSION # G9156276
ORDERING PHYSICIAN			CLIENT ORDER #		ACCOUNT # LIAISONS	
COLLECTION 09/16/10 01:38 P DATE TIME	RECEIVED 09/16/10 01:38 P DATE TIME	REPORT PRINTED 10/05/10 10:09 A DATE TIME		SPECIMEN INFORMATION 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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Frataxin, Quant, BS

Reason for Referral	Not Provided			MCR
Method	Luminex Immunoassay			MCR
Frataxin	25	ng/mL	>=21	MCR
Interpretation	25			MCR

In this specimen, the level of frataxin is normal. This result indicates that this individual is NOT affected with Friedreich Ataxia (OMIM 229300). Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have any questions.

* PERFORMING SITE

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