

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9157206		AGE 35	SEX F	ACCESSION # G9157206
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/08/10 08:51 A	RECEIVED 10/08/10 08:51 A	REPORT PRINTED 10/19/10 01:50 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
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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Fetomaternal Bleed,Flow Cytometry,B

Mother's Rh	0.61			MCR
Fetal-Maternal Bleed	5.75	mL	0-15.00	MCR
Rh Immune Globulin	12	dose		MCR
Remarks	TESTING			MCR

* 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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