

1-800-533-1710

PATIENT NAME TESTING, SUE		PATIENT NUMBER L3MRNG9156394		AGE 30	SEX F	ACCESSION # G9156394
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/21/10 09:37 A	RECEIVED 09/21/10 09:37 A	REPORT PRINTED 12/23/10 11:02 A		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 *
Hemoglobin S, Scrn, B				
Hemoglobin S, Scrn, B		Negative	Negative	MCR
Hb S/F Therapeutic Monitoring, B				
Hemoglobin F	H	3.2	0.0-0.9	MCR
Hemoglobin S	H	3.3	0.0	MCR
Hb S/F Interpretation		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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