



Patient ID <b>SA00050025</b>	Patient Name <b>SAMPLEREPORT, FS N</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00050025</b>	Client Order Number <b>SA00050025</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>23 Oct 2012 00:00</b>		

**Fungal Smear**

**MCR**

**SOURCE: , LEG  
FUNGAL SMEAR**

**FINAL**

Negative

**Received:** 24 Oct 2012 08:15

**Reported:** 24 Oct 2012 09:02

QA Environment

**Performing Site Legend**

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905