



Patient ID <b>SA00050366</b>	Patient Name <b>SAMPLEREP, FS A</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>46</b>
Order Number <b>SA00050366</b>	Client Order Number <b>SA00050366</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>03 Nov 2012 23:00</b>		

**Fungal Smear**

MCR



**SOURCE: , LUNG**  
**FUNGAL SMEAR**

FINAL

**YEAST AND HYPHAE PRESENT**  
**Semi-Urgent Result.**

**Received:** 05 Nov 2012 10:52

**Reported:** 05 Nov 2012 10:59

QA Environment

**Performing Site Legend**

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