



Patient ID <b>SA00060427</b>	Patient Name <b>SAMPLEREPORT, CHIDB N</b>	Birth Date <b>1966-06-10</b>	Gender <b>F</b>	Age <b>47</b>
Order Number <b>SA00060427</b>	Client Order Number <b>SA00060427</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>29 Jul 2013 00:00</b>		

**Chimerism-Donor**

**Recipient**

SampleReport, Test

MCR

**Chimerism-Donor (CHIDB)**

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Performed

**Specimen Type**

Peripheral blood

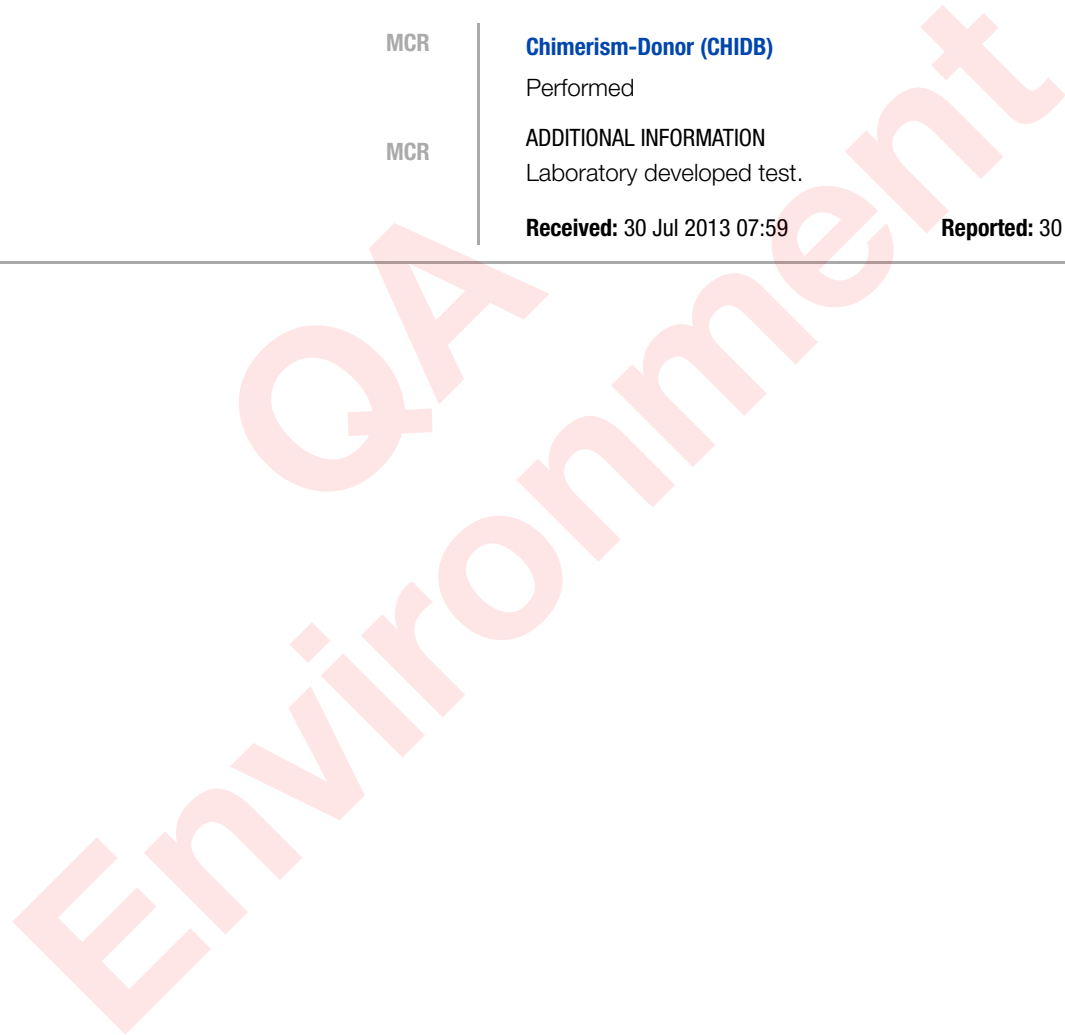
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**ADDITIONAL INFORMATION**

Laboratory developed test.

**Received:** 30 Jul 2013 07:59

**Reported:** 30 Jul 2013 08:01



**Performing Site Legend**

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