MAYO CLINIC

Wet Tissue Pathology Consult

ANPAT

PATIENT NAME				CASE NUMBER	ORDER NUMBER
TESTING, ANPAT				**CR-18-244**	**G727000255**
PATIENT ID	DATE OF BIRTH	AGE	SEX	REQUESTED BY	
SA00105005	01/01/1999	19 Y	Female	CLIENT CLIENT	
COLLECTED	RECEIVED	REPORTED			
2/23/2018, 00:00	2/27/2018, 10:03	2/27/2018, 10:08			
The collected, received, and reported dates and times on the report are in the time zone of the performing location.				CLIENT ORDER NUMBER	
				SA00105005	
SUBMITTED BY				CLIENT MRN	
DLMP Testing 12345 Testing Boulevard Rochester MN 55901-				SA00105005	

INTERPRETATION

FINAL DIAGNOSIS

Interpretation

REPORT ELECTRONICALLY SIGNED BY

PEGGY LEITCH

I verify that I have examined all relevant slides/materials for the specimen (s) and rendered or confirmed the diagnosis.

GROSS DESCRIPTION

Gross description

MATERIAL RECEIVED

A. S18-123: Source

1 wet tissue

CODE	LABORATORY	ADDRESS		
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW	Rochester , MN	55905

Report times for Laboratory Name performed tests are CST/CDT.
The collected, received, and reported dates and times on the report are in the time zone of the performing location.