

<b>Patient Name</b> TESTING,91853	<b>Patient ID</b>	<b>Age</b>	<b>Gender</b>	<b>Order #</b> W2978455
<b>Ordering Phys</b>		<b>DOB</b>		
<b>Client Order #</b> W2978455	<b>Account Information</b> C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901	<b>Report Notes</b>		
<b>Collected</b> 10/19/2009 06:00				
<b>Printed</b> 10/20/2009 12:06	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Misc Genetic Assays, Inc.</b>				REPORTED 10/20/2009 11:51	
TEST NAME		See Comment			
MYCOBACTERIA DNA PCR QUAL					
RESULT		Testing is complete. Final copy has been faxed to the referring laboratory.			
Test Performed By:		Genetic Assays, Inc. 4711 Trousdale Drive Suite 209 Nashville, TN 37220			

<b>Patient Name</b> TESTING,91853	<b>Collection Date and Time</b> 10/19/2009 06:00	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

\* Report times for Mayo performed tests are CST/CDT