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| Ordering Provider: JIM D THOMPSON, MD | | Patient Name: WINTER, JOCELYN L | |
| | | Patient ID (MRN): AANT8798 | Client PT ID (MRN): |
| | | Date of Birth: 5/17/1991 | Sex: F Age: 33Y |
| Location: CORE;1 | | Patient Phone #: (505) 480-8995 | Portal Patient ID: 66986326 |
| Requisition#: 333526744 | Report Status: Final | Collection Date/Time: 04/16/2025 15:13 | Receive Date/Time: 04/17/2025 13:29 |
| Test Name/Result | | | |
| CASE: TRL-25-001662 PATIENT: JOCELYN WINTER SPECIMENS SUBMITTED: A. UTERUS DIAGNOSIS: A. UTERUS; ENDOMETRIAL BIOPSY: - BENIGN ENDOMETRIUM WITH PROLIFERATIVE PATTERN. - DISSIMILAR PORTION WITH DISORDERED PROLIFERATIVE PATTERN AND GLAND CROWDING, CONSISTENT WITH HYPERPLASTIC POLYP (WITHOUT ATYPIA). CLINICAL INFORMATION: Clinical prep: Uterine polyps removed during office procedure. GROSS DESCRIPTION: Number of specimen containers: 1. Labeled with name and date of birth: Jocelyn Winters, 05/17/1991. A. Container designation: "Uterine polyp" -- Number of mucosal biopsies: 4; greatest dimension(s): 7 mm. Cassettes: entirely submitted in A1. MICROSCOPIC DESCRIPTION: Histologic examination is performed on one or more representative tissue sections. Unless otherwise noted, internal and external controls for all special histochemical preparations are appropriately reactive. (Dictated by: Myranda Elwell, Biopsy Tech) Any tests performed using Analytic Specific Reagents (ASR) were developed and validated by TriCore Reference Laboratories. The U.S. Food and Drug Administration has not approved these tests but has determined that such clearance or approval is not necessary. These tests should be regarded as a clinical assay for standard medical care. Slides may be interpreted utilizing a whole slide imaging process that has not been cleared or approved by the U.S. Food and Drug Administration. This test was validated and its performance characteristics determined by Tricore Reference Laboratories. Tricore Reference Laboratories is regulated under CLIA as qualified to perform high-complexity testing. John Bishop, MD. Pathologist Electronically signed 4/23/2025 01:54:57 PM Case interpreted at: University of New Mexico Hospital 2211 Lomas Blvd. NE Albuquerque, NM 87106 CLIA ID: 32D0653200 Technical services performed at: Tricore Reference Laboratory 1001 Woodward Place NE Albuquerque, NM 87102 CLIA ID: 32D0534957 | | | |

Legend: H= High, L= Low, @= Abnormal, *= Critical Value

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Client #
30975

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