

# Summary of Results

PATIENT NAME: **Last name, First name**

DOB: **10-Jan-1961**

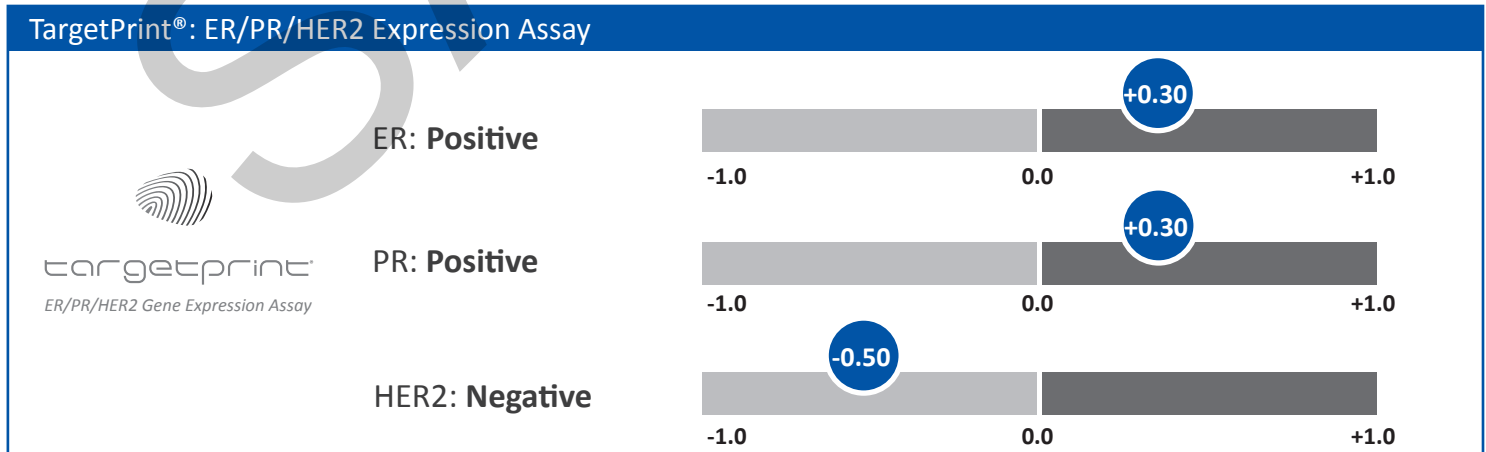
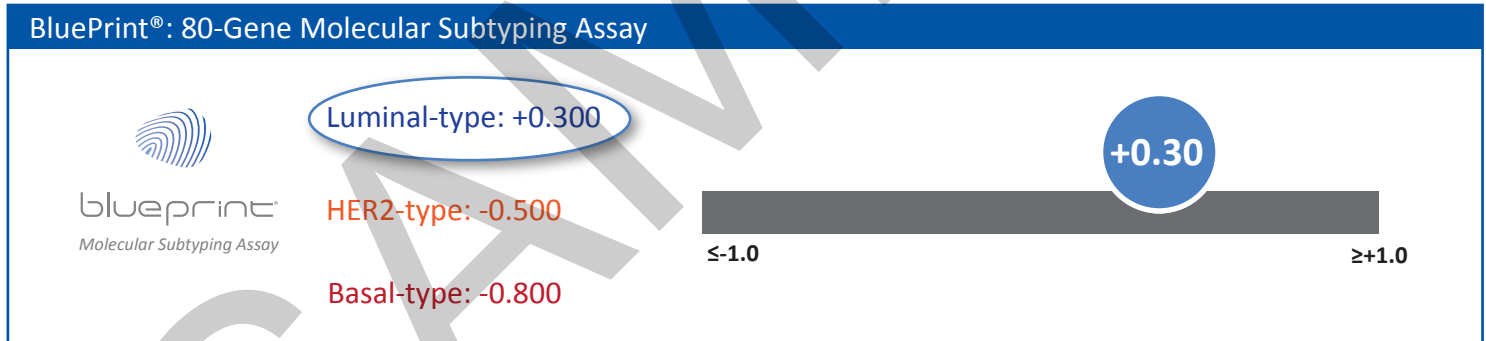
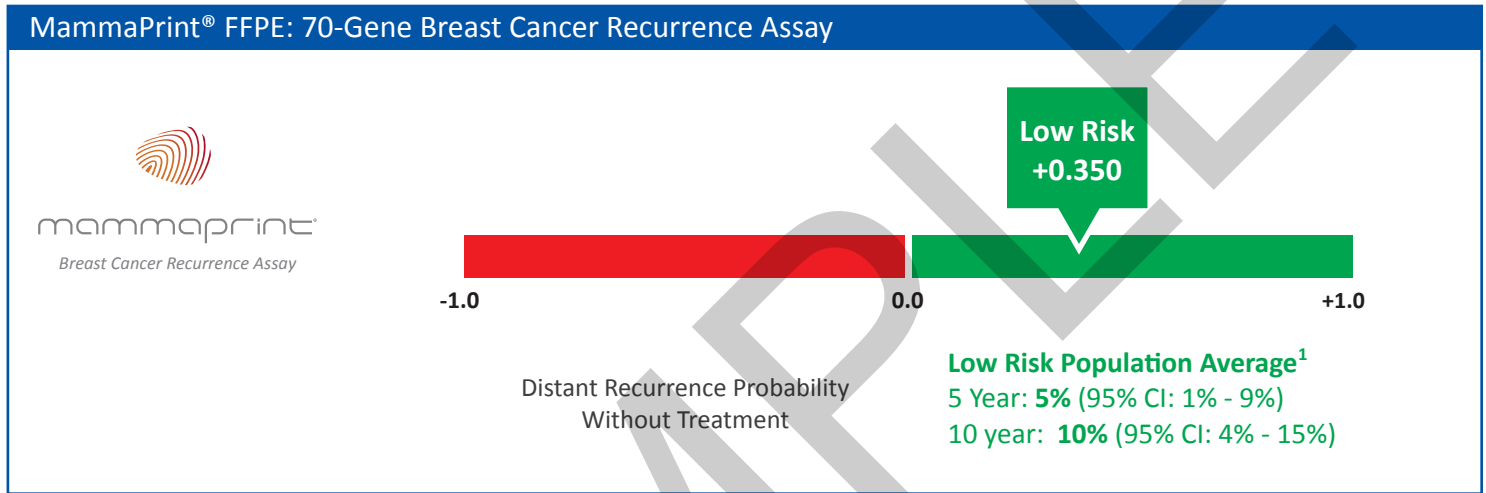
<b>GENDER:</b> Female	<b>ORDERED BY:</b> Dr. Doe, John	<b>REQUISITION #:</b> 1234567
<b>SPECIMEN ID:</b> MRN123456	<b>ACCOUNT:</b> John Doe Hospital	<b>SPECIMEN TYPE:</b> FFPE, Core
<b>PATIENT/MRN:</b> 945839302	1234 Main St.	<b>SPECIMEN SOURCE:</b> Left Breast
<b>CUSTOMER REF:</b> 123456789	Irvine CA 92618 USA	<b>COLLECTED DATE:</b> 18-Feb-2014
		<b>RECEIVED DATE:</b> 19-Feb-2014
		<b>REPORTED DATE:</b> 21-Feb-2014

## Summary of Results: **Low Risk Luminal-type (A)**

Risk of recurrence  
**Low Risk**

Molecular Subtype  
**Luminal-type**

Receptor Status  
**ER+, PR+, HER2-**



Note: This information is provided for general informational purposes. It is not part of any official diagnostic report. Please refer to individual MammaPrint, Blueprint, and TargetPrint reports for comments, assay information, disclaimer and references.