

1-800-533-1710

<b>PATIENT NAME</b> TEST, NOSEX		<b>PATIENT NUMBER</b> L3MRNG9150537		<b>AGE</b> 6M	<b>SEX</b>	<b>ACCESSION #</b> G9150537
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> JAHTEST
<b>COLLECTION</b> 05/25/10 08:00 A	<b>RECEIVED</b> 05/25/10 09:15 A	<b>REPORT PRINTED</b> 06/01/10 02:40 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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**Insulin-Like Growth Factor 1, S**

Insulin-Like Growth Factor 1, S	H	345	ng/mL	NEL
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**Factor 1, S**

-- EXPECTED VALUES --

57-344

0.1 percentile = 34 ng/mL

## \* PERFORMING SITE

NEL      Mayo Medical Laboratories New England 160 Dascomb Road    Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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<b>PATIENT NAME</b> TEST, NOSEX	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 05/25/10 08:00 A
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