

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 500012			L3MRNG91	51802		32	M	G9151802
ORDERING PHYSICIAN			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
06/15/10 11:07 A	06/15/10	11:07 A	06/15/10	01:14 P	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

	HI				
TEST REQUESTED	LO			REF RANGE	PERFORM SITE *
Cortisol, Free, U					
Collection Duration	1	12	h		NEL
Urine Volume	2	2	mL		NEL
Cortisol, U	1	12	mca/24 h	3.5-45	NEL

* PERFORMING SITE

NEL	Mayo Medical Laboratories New England	Lab Director: Lynn A. Cheryk, Ph.D.
	160 Dascomb Road Andover, MA 01810	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 500012	Final	06/15/10 11:07 A