

1-800-533-1710

PATIENT NAME TESTING, CONNI 90308		PATIENT NUMBER L3MRNG9153517		AGE 37	SEX F	ACCESSION # G9153517
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/22/10 10:47 A	RECEIVED 07/22/10 10:47 A	REPORT PRINTED 08/03/10 09:30 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
----------------	----	----	-----------	----------------

Acyclovir

Acyclovir	1.0	mcg/mL	REF
Reporting Limit	2.0	mcg/mL	REF

Synonym(s): Zovirax

Usual therapeutic range (vs. Genital Herpes) during chronic oral daily divided dosages of 1200-2400 mg:

Peak: 0.40-2.0 mcg/mL plasma

Trough: 0.14-1.2 mcg/mL plasma

Test Performed by:

NMS Labs

3701 Welsh Road

P.O. Box 433A

Willow Grove, PA 19090-0437

* PERFORMING SITE

PATIENT NAME TESTING, CONNI 90308	ORDER STATUS Final	COLLECTION DATE AND TIME 07/22/10 10:47 A
---	------------------------------	---