

1-800-533-1710

PATIENT NAME TESTING, 500050 IS		PATIENT NUMBER L3MRNG9154775		AGE 22	SEX F	ACCESSION # G9154775
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 08/13/10 01:21 P DATE TIME	RECEIVED 08/13/10 01:21 P DATE TIME	REPORT PRINTED 08/23/10 01:31 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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17-Hydroxyprogesterone, S

17-Hydroxyprogesterone, S	100	ng/dL	NEL
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-- EXPECTED VALUES --
 <80 (Follicular)
 <285 (Luteal)

* 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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PATIENT NAME TESTING, 500050 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 08/13/10 01:21 P
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