

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 91996			L3MRNW39	L3MRNW3906062			F	W3906062
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
08/27/10 11:55 A	08/27/10	11:55 A	08/30/10	10:15 A	DATE OF BIRTH: 6	3/19/1960)	
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Fluconazone (FLU)

SourceNares rightREFReceived asPaecilomyces lilacinusREFResult64ug/mLREFInterpretationREF

No Established Guidelines

Test Performed by: U.T. Health Science Ctr San Antonio

7703 Floyd Curl Drive Department of Pathology

Fungus Lab

San Antonio, TX 78229-3900

* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91996	Final	08/27/10 11:55 A