

1-800-533-1710

PATIENT NAME TEST, VITAE1		PATIENT NUMBER L3MRNG9154899		AGE 30	SEX F	ACCESSION # G9154899
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # JAHTEST
COLLECTION 09/14/10 09:40 A	RECEIVED	REPORT PRINTED 09/14/10 09:42 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Vitamin E, S				
A-Tocopherol, Vitamin E	5.5	mg/L	5.5-17.0	NEL
Vitamin A, S				
Free Retinol(Vit A)	32.5	mcg/dL	32.5-78.0	NEL

* PERFORMING SITE

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

PATIENT NAME TEST, VITAE1	ORDER STATUS Final	COLLECTION DATE AND TIME 09/14/10 09:40 A
-------------------------------------	------------------------------	---