

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, K			L3MRNG91	L3MRNG9156141		30	F	G9156141
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
09/14/10 11:11 A	09/14/10	11:11 A	09/14/10	11:42 A	DATE OF BIRTH:			
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 *

Vitamin E, S

A-Tocopherol, Vitamin L <0.5 mg/L 5.5-17.0 NEL

Ε

In this sample, the alpha-tocopherol (vitamin E) level indicates a severe deficiency.

* 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, K	Final	09/14/10 11:11 A