

1-800-533-1710

<b>PATIENT NAME</b> TESING, TIMOTHY		<b>PATIENT NUMBER</b> L3MRNG9154662		<b>AGE</b> 55	<b>SEX</b> M	<b>ACCESSION #</b> G9154662
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 08/12/10 08:37 A	<b>RECEIVED</b> 08/12/10 08:37 A	<b>REPORT PRINTED</b> 09/21/10 02:28 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Alpha-1-Antitrypsin, S				
Alpha-1-Antitrypsin, S	H	191	100-190	MCR
			mg/dL	

## \* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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<b>PATIENT NAME</b> TESING, TIMOTHY	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 08/12/10 08:37 A
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