

1-800-533-1710

PATIENT NAME TESTING, STACY 80379		PATIENT NUMBER L3MRNG9157478		AGE 45	SEX F	ACCESSION # G9157478
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/13/10 09:28 A	RECEIVED 10/13/10 09:28 A	REPORT PRINTED 10/15/10 11:52 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Homocysteine, Total, P Homocysteine, Total, P	12	mcmol/L	<=13 (Fasting) MCR

* 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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