

1-800-533-1710

PATIENT NAME TESTING, HIAA 3		PATIENT NUMBER L3MRNG9157505		AGE 57	SEX F	ACCESSION # G9157505
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/13/10 09:58 A	RECEIVED 10/13/10 09:58 A	REPORT PRINTED 10/15/10 11:55 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 *
5-Hydroxyindoleacetic Acid, U				
5-Hydroxyindoleacetic Acid, U	8.0		mg/24 h <=8.0	MCR
Collection Duration	24		h	MCR
Urine Volume	2500		mL	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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PATIENT NAME TESTING, HIAA 3	ORDER STATUS Final	COLLECTION DATE AND TIME 10/13/10 09:58 A
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