

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9157510		AGE 35	SEX F	ACCESSION # G9157510
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/13/10 10:01 A	RECEIVED 10/13/10 10:01 A	REPORT PRINTED 10/15/10 11:57 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 *
Bile Acids, Total, S				
Bile Acids, Total, S	H	14	mcmol/L	<=10 NEL

* PERFORMING SITE

NEL Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TESTING, SHEILA	ORDER STATUS Final	COLLECTION DATE AND TIME 10/13/10 10:01 A
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