

1-800-533-1710

PATIENT NAME TESTING, 9340		PATIENT NUMBER L3MRNG9156927		AGE 56	SEX F	ACCESSION # G9156927
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/01/10 12:57 P	RECEIVED 10/01/10 12:57 P	REPORT PRINTED 10/19/10 01:47 P		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 *
Osmolality, S				
Osmolality, S		288	mOsm/kg	275-295 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, 9340	ORDER STATUS Final	COLLECTION DATE AND TIME 10/01/10 12:57 P
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