

1-800-533-1710

<b>PATIENT NAME</b> TESTING, ZNRU		<b>PATIENT NUMBER</b> L3MRNG9156740		<b>AGE</b> 34	<b>SEX</b> M	<b>ACCESSION #</b> G9156740
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 09/29/10 08:20 A	<b>RECEIVED</b> 09/29/10 08:20 A	<b>REPORT PRINTED</b> 10/19/10 02:49 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 *
Zinc, Random, U				
Zinc, Random, U		300	mcg/L	300-600
				SDL

## \* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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<b>PATIENT NAME</b> TESTING, ZNRU	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 09/29/10 08:20 A
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