

1-800-533-1710

PATIENT NAME TESTING, 8571		PATIENT NUMBER L3MRNG9159254		AGE 34	SEX F	ACCESSION # G9159254
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 11/04/10 12:17 P	RECEIVED 11/04/10 12:17 P	REPORT PRINTED 11/22/10 11:20 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 *
Iron, 24 Hr, U				
Iron, 24 Hr, U		101	mcg/spec	100-300 SDL
Collection Duration		24	h	SDL
Urine Volume		1000	mL	SDL
Fe Concentration		101	mcg/L	100-300 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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