

1-800-533-1710

PATIENT NAME TESTIN, 81345		PATIENT NUMBER L3MRNG9159469		AGE 55	SEX M	ACCESSION # G9159469
ORDERING PHYSICIAN TESTIN,81345		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 11/09/10 03:41 P	RECEIVED 11/09/10 03:41 P	REPORT PRINTED 11/23/10 10:27 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 *
Magnesium, Random, F Magnesium, Random, F	197	mEq/kg 0-199	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.
---	--

PATIENT NAME TESTIN, 81345	ORDER STATUS Final	COLLECTION DATE AND TIME 11/09/10 03:41 P
--------------------------------------	------------------------------	---