

1-800-533-1710

PATIENT NAME			PATIENT NUM	/IBER		AGE	SEX	ACCESSION #
TESTING, SUE			L3MRNG915	56420		30	F	G9156420
ORDERING PHYSICIAN	,		CLIENT ORDI	ER#				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	TION			
09/21/10 01:48 P	09/21/10 0	1:48 P	12/23/10	11:02 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE *

Pyrimidine 5' Nucleotidase, B

Pyrimidine 5' Nucleotidase, B **Normal**

MCR

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology
Lab Director: Franklin R. Cockerill, III, M.D.
200 First Street SW Rochester, MN 55905

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, SUE	Final	09/21/10 01:48 P