

1-800-533-1710

PATIENT NAME TEST, ACTHU			PATIENT NUMBER L3MRNG9165082		AGE 15	SEX	ACCESSION # G9165082	
ORDERING PHYSICIAN		CLIENT ORDER #			10		ACCOUNT # JAHTEST	
COLLECTION 03/04/11 01:57 P DATE TIME JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0	,	00 P TIME	REPORT PRIN 03/04/11 DATE	1 TED 01:58 P TIME	SPECIMEN INFORMA DATE OF BIRTH:	TION		

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TEST REQUESTED LO **REF RANGE** PERFORM SITE *

Adrenocorticotropic Hormone, P

Adrenocorticotropic Hormone, P

50

pg/mL

REPORTED: 02/21/11 02:07 P 10-60 (a.m.

NEL

draw)

* PERFORMING SITE

NEL Mayo Medical Laboratories New England Lab Director: Lynn A. Cheryk, Ph.D. 160 Dascomb Road Andover, MA 01810

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TEST, ACTHU	Final	03/04/11 01:57 P