

1-800-533-1710

PATIENT NAME TESTING, 8835		PATIENT NUMBER L3MRNG9165639		AGE 56	SEX F	ACCESSION # G9165639
ORDERING PHYSICIAN			CLIENT ORDER #		ACCOUNT # LIAISONS	
COLLECTION 02/28/11 03:19 P	RECEIVED	REPORT PRINTED 03/10/11 02:17 P		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 *
Alpha-1-Antitrypsin Clearance			REPORTED: 02/28/11 03:21 P	
Clearance	25		<= 27	MCR
Alpha-1-Antitrypsin, S	120		100-190	MCR
Alpha-1-Antitrypsin, 24 Hr, F	35		<= 54	MCR

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 8835	ORDER STATUS Final	COLLECTION DATE AND TIME 02/28/11 03:19 P
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