

1-800-533-1710

PATIENT NAME TEST, KARL			_	PATIENT NUMBER L3MRNG9166567		AGE NOT GI	SEX	ACCESSION # G9166567
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 03/14/11 07:03 A DATE TIME	03/14/11 0		REPORT PR 03/17/11 DATE	02:40 P	SPECIMEN INFORMATION DATE OF BIRTH:			
Test Client Attn: Mayo Liaisons 200 First Street SW	•	TIME	IDATE	TIME				
Rochester, MN 559 507-284-8202	05							

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TEST REQUESTED LO REF RANGE PERFORM SITE *

T4 (Thyroxine), Total Only, S

T4 (Thyroxine), Total

13.0 mcg/dL

REPORTED: 03/14/11 07:09 A SDL

Only, S

-- EXPECTED VALUES --

Reference values have not been established for patients that are less than 12 months of age. 5.0-12.5 (>= 1y)

Please note change in methodology and reference values effective 1/09/2006.

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr Lab Director: Franklin R. Cockerill, III, M.D. 3050 Superior Dr. NW Rochester, MN 55901

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TEST, KARL	Final	03/14/11 07:03 A