

1-800-533-1710

PATIENT NAME TESTING, 600539 IS		PATIENT NUMBER L3MRNG9153961		AGE 30	SEX F	ACCESSION # G9153961
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/29/10 02:04 P DATE TIME	RECEIVED DATE TIME	REPORT PRINTED 08/23/10 01:29 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO		REF RANGE	PERFORM SITE *
Insulin-Like Growth Factor 1, S					
Insulin-Like Growth Factor 1, S		150	ng/mL	117-321	NEL
IGFBP-3, S					
IGFBP-3, S		5.0	mcg/mL	3.5-7.6	NEL

* PERFORMING SITE

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