

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, LUKE			L3MRNG91	L3MRNG9166367			М	G9166367
ORDERING PHYSICIAN			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
03/10/11 09:59 A	03/10/11 (09:59 A	04/14/11	02:28 P	DATE OF BIRTH: 1	1/1/2011		
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 *

Protein, Total, S REPORTED: 03/10/11 10:00 A
Protein, Total, S 8.0 g/dL MCR

-- EXPECTED VALUES --

Reference values have not been established for patients that are less than 12 months of age.

* 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, LUKE	Final	03/10/11 09:59 A