

Laboratory Service Report

1-800-533-1710

MCR

| Patient Name SAMPLEREPORT,ALAUR AB | Patient ID SA00047713 | Age 46 | Gender F | Order # SA00047713 |
|---------------------------------------|--|---------------|--------------|---------------------------|
| Ordering Phys | | · | | DOB 06/10/1966 |
| Client Order # SA00047713 | Account Information | | Report Notes | |
| Collected 07/15/2012 | C7028846-DLMP ROC 3050 SUPERIOR DRI | VE | | |
| Printed 07/30/2012 10:08 | ROCHESTER,MN 559 | 901 | | |

| Test Fla | ag | Results | Unit | Reference Value | Perform Site* |
|---------------------------------------|----|---------|----------|--------------------------|------------------|
| Aminolevulinic Acid, U | | 17 | REPORTED | 07/16/2012 13:03 <=15 | MCR |
| Interpretation (ALA), U | | | | | MCR |
| In this sample, the excretion of amin | | • • • | | | |

In this sample, the excretion of aminolevulinic acid (ALA) was elevated. This finding is indicative of a possible biochemical diagnosis of one of the following conditions: acute intermittent porphyria, hereditary coproporphyria, or variegate porphyria. Alternatively, this result could be a manifestation of either heavy metal(lead)intoxication or hereditary tyrosinemia type I. Based on clinical history, consider urine porphyrins profile analysis including porphobilinogen, whole blood lead, a heavy metals screen, and urine succinylacetone analyses.

Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

Reviewed By Colleen Landon

* Performing Site:

| N | /ICR | Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905 | Lab Director: Franklin R. Cockerill, III, M.D. |
|---|------|---|--|
| | | | |

| Patient Name SAMPLEREPORT,ALAUR AB | Collection Date and Time 07/15/2012 | Report Status Final |
|------------------------------------|--|------------------------|
| Page 1 of 1 | | ** End of Report ** |

^{*} Report times for Mayo performed tests are CST/CDT