

1-800-533-1710

PATIENT NAME TESTING, 500005 IS		PATIENT NUMBER L3MRNG9149520		AGE 30	SEX F	ACCESSION # G9149520
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 05/04/10 08:32 A	RECEIVED	REPORT PRINTED 05/10/10 03:30 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 *
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Volatile/Ethylene Glycol Profile

Ethanol, S	None Detected	mg/dL	NEL
-- EXPECTED VALUES --			
None Detected			
>=400 (Toxic)			
Acetone, S	None Detected	mg/dL	NEL
-- EXPECTED VALUES --			
None Detected			
>=50 (Toxic)			
Isopropanol, S	None Detected	mg/dL	NEL
-- EXPECTED VALUES --			
None Detected			
>=50 (Toxic)			
Methanol, S	None Detected	mg/dL	NEL
-- EXPECTED VALUES --			
None Detected			
>=10 (Toxic)			
Ethylene Glycol, S	Not detected	mg/dL	>=20 (Toxic) 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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PATIENT NAME TESTING, 500005 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 05/04/10 08:32 A
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