

1-800-533-1710

PATIENT NAME TESTING, 83011		PATIENT NUMBER L3MRNG9151067		AGE NOT GI	SEX	ACCESSION # G9151067
ORDERING PHYSICIAN SHURSON		CLIENT ORDER #				ACCOUNT # STUSTEST
COLLECTION 06/02/10 06:00 A	RECEIVED	REPORT PRINTED 06/02/10 02:07 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
STUSTEST Attn: 200 First Street SW Rochester, MN 55905-0001 507-284-3608						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
N-Methylhistamine, U				
N-Methylhistamine, U		95	mcg/g Cr	MCR
-- EXPECTED VALUES --				
120-510 (0-5 y)				
70-330 (6-16 y)				
30-200 (>16 y)				
Collection Duration		24	h	MCR
Urine Volume		5070	mL	MCR
Creatinine Conc		25	mg/dL	MCR

* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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