MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, SHEILA	L3MRNG9153638	35	F	G9153638

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
07/23/10 02:11 P	07/23/10 02:11 P	08/25/10 01:23 P	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 *
Amikacin, Peak, S				
Amikacin, Peak, S	**23.0**	**mcg/mL**	**20.0-35.0**	**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.

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, SHEILA	Final	07/23/10 02:11 P

Specimen receipt and report times are in CST/CDT

REPRINT