

1-800-533-1710

PATIENT NAME TESTING, 8149		PATIENT NUMBER L3MRNG9155486		AGE 33	SEX F	ACCESSION # G9155486
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 08/27/10 01:15 P DATE TIME	RECEIVED 08/27/10 01:15 P DATE TIME	REPORT PRINTED 09/21/10 03:11 P DATE TIME		SPECIMEN INFORMATION 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 *
Thallium, B Thallium, B			0-1	SDL
		1	ng/mL	

* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 8149	ORDER STATUS Final	COLLECTION DATE AND TIME 08/27/10 01:15 P
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