

1-800-533-1710

PATIENT NAME TESTING, EMIR IS		PATIENT NUMBER L3MRNG9156317		AGE 14	SEX M	ACCESSION # G9156317
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 09/17/10 01:25 P DATE TIME	RECEIVED 09/17/10 01:25 P DATE TIME	REPORT PRINTED 10/18/10 12:39 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 *
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Magnesium, 24 Hr, U

Magnesium, 24 Hr, U	35	mg/spec	SDL
-- EXPECTED VALUES --			
Reference values have not been established for patients that are <16 y			
Collection Duration	23	h	SDL
Urine Volume	500	mL	SDL
Mg Concentration	L 70	mg/L	110-210 SDL

* 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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