

1-800-533-1710

PATIENT NAME TESTING, 9257		PATIENT NUMBER L3MRNG9156952		AGE 43	SEX M	ACCESSION # G9156952
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 10/03/10 02:24 P	RECEIVED 10/03/10 02:24 P	REPORT PRINTED 10/19/10 01:47 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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Osmolality, BF

Osmolality, BF	23	mOsm/kg	MCR
Fluid Type	B		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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PATIENT NAME TESTING, 9257	ORDER STATUS Final	COLLECTION DATE AND TIME 10/03/10 02:24 P
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