

1-800-533-1710

|  |                         |  |                         |                             |                              |                                |
|--|-------------------------|--|-------------------------|-----------------------------|------------------------------|--------------------------------|
| <b>PATIENT NAME</b><br>TESTING, 83190 IS   |                         | <b>PATIENT NUMBER</b><br>L3MRNG9157496 |                         | <b>AGE</b><br>34            | <b>SEX</b><br>M              | <b>ACCESSION #</b><br>G9157496 |
| <b>ORDERING PHYSICIAN</b>  |                         |  | <b>CLIENT ORDER #</b>   |                             | <b>ACCOUNT #</b><br>LIAISONS |                                |
| <b>COLLECTION</b><br>10/13/10 09:40 A  | <b>RECEIVED</b>         | <b>REPORT PRINTED</b>                  |                         | <b>SPECIMEN INFORMATION</b> |                              |                                |
| <b>DATE</b> <b>TIME</b>  | <b>DATE</b> <b>TIME</b> | <b>DATE</b> <b>TIME</b>                | <b>DATE</b> <b>TIME</b> | DATE OF BIRTH:              |                              |                                |
| Test Client<br>Attn: Mayo Liaisons<br>200 First Street SW<br>Rochester, MN 55905<br>507-284-8202 |                         |  |                         |                             |                              |                                |

| TEST REQUESTED                | HI | LO   | REF RANGE | PERFORM SITE * |
|-------------------------------|----|------|-----------|----------------|
| <b>Orthostatic Protein, U</b> |    |      |           |                |
| Daytime PTU                   |    | 100  | mg/spec   | 0-150 MCR      |
| Daytime collection duration   |    | 16   | h         | MCR            |
| Day volume                    |    | 1000 | mL        | MCR            |
| Day Protein                   |    | 10   | mg/dL     | MCR            |
| Nighttime PTU                 | H  | 120  | mg/spec   | <50 MCR        |
| Nighttime collection duration |    | 8    | h         | MCR            |
| Night volume                  |    | 1000 | mL        | MCR            |
| Night protein                 |    | 12   | mg/dL     | MCR            |

## \* PERFORMING SITE

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

|  |                              |   |
|--|------------------------------|---|
| <b>PATIENT NAME</b><br>TESTING, 83190 IS | <b>ORDER STATUS</b><br>Final | <b>COLLECTION DATE AND TIME</b><br>10/13/10 09:40 A |
|--|------------------------------|---|