MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, DHEA	L3MRNG9159454	1D	M	G9159454

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
11/09/10 12:07 P	11/09/10 12:07 P	11/16/10 09:15 A	DATE OF BIRTH: 11/9/2010

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Dehydroepiandrosterone, S				
Dehydroepiandrosterone, S	**<0.5**	**ng/mL**		**MCR**
-- EXPECTED VALUES --				
<40 (Premature)				
<11 (0-1 d)				

*** 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, DHEA	Final	11/09/10 12:07 P

Specimen receipt and report times are in CST/CDT

REPRINT