

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 9236			L3MRNG91	L3MRNG9162162			М	G9162162
ORDERING PHYSICIAN	,		CLIENT ORD	ER#	,			ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PR	REPORT PRINTED SPEC		TION			
12/22/10 02:14 P	12/22/10 0	2:14 P	12/23/10	11:02 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

	HI				
TEST REQUESTED	LO			REF RANGE	PERFORM SITE *
Prothrombin Time, P					
Prothrombin Time, P	1	0.0	s	9.5-13.8	MCR
INR	0	.9		0.8-1.2	MCR

* PERFORMING SITE

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

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 9236	Final	12/22/10 02:14 P

REPRINT