

1-800-533-1710

| PATIENT NAME TESTING, LAURA IS   |                                |                | PATIENT NUMBER                 |                         | AGE<br>30                          | <b>SEX</b><br>F | ACCESSION #<br>G9140846 |                    |
|--|--------------------------------|----------------|--------------------------------|-------------------------|------------------------------------|-----------------|-------------------------|--------------------|
| ORDERING PHYSICIAN   |                                |                | CLIENT ORDER #                 |                         |                                    | 100             | 1.                      | ACCOUNT # LIAISONS |
| COLLECTION 12/09/09 01:44 P DATE TIME  Test Client Attn: Mayo Liaisons | RECEIVED<br>12/09/09 0<br>DATE | 1:44 P<br>TIME | REPORT PRI<br>12/22/09<br>DATE | NTED<br>11:59 A<br>TIME | SPECIMEN INFORMA<br>DATE OF BIRTH: | TION            |                         |                    |
| 200 First Street SW<br>Rochester, MN 55905<br>507-284-8202             |                                |                |                                |                         |                                    |                 |                         |                    |

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LO PERFORM SITE \* **TEST REQUESTED REF RANGE** 

Acetaminophen, S

Acetaminophen, S <10 mcg/mL <50 (Toxic **MCR** >=120)

## \* 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, LAURA IS | Final        | 12/09/09 01:44 P         |