

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 8261			L3MRNG91	L3MRNG9168344		15	F	G9168344
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
04/12/11 08:52 A	04/12/11 0	08:52 A	04/18/11	10:34 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								

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

Protein, Total, U REPORTED: 04/12/11 08:53 A **MCR**

mg/24 h Protein, Total, U

Not a 24 hour collection; normals do not apply Note: Low urine volume recorded.

-- EXPECTED VALUES --

Reference values have not been

established for patients that are less

than 18 years of age.

Collection Duration 12 MCR **Urine Volume** 3 mL **MCR** Concentration 20 mg/dL **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, 8261	Final	04/12/11 08:52 A