

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 8586			L3MRNG91	L3MRNG9168476			F	G9168476
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PR	INTED	SPECIMEN INFORMA	TION		
04/15/11 10:27 A	04/15/11	10:27 A	04/15/11	11:00 A	DATE OF BIRTH: 5	5/1/2010		
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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TEST REQUESTED LO REF RANGE PERFORM SITE *

Nitrogen, Total, U REPORTED: 04/15/11 10:27 A

Collection Duration100hMCRSpecimen Volume100mLMCRNitrogen, Total, U0.5g/24 hMCR

-- EXPECTED VALUES --

Reference values have not been established for patients that are less than 16 years of age.

* 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, 8586	Final	04/15/11 10:27 A