

1-800-533-1710

PATIENT NAME TESTING, ANN		PATIENT NUMBER L3MRNG9168087		AGE 12	SEX F	ACCESSION # G9168087
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 04/08/11 08:00 A	RECEIVED 04/08/11 11:21 A	REPORT PRINTED 04/19/11 12:52 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Iron, Liver Ts				REPORTED: 04/11/11 08:15 A
Iron, Liver Ts	H	2000	mcg/g dry wt	400-1600 SDL
Hepatic Iron Index			mcmol/g/yr	SDL
* Pediatric: Age too low for index to be applicable. -- EXPECTED VALUES -- Reference values have not been established for patients that are less than 13 years of age.				

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, ANN	ORDER STATUS Final	COLLECTION DATE AND TIME 04/08/11 08:00 A
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