MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 81752		32	F	G9141431

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
12/23/09 09:38 A	12/23/09 09:38 A	12/23/09 12:45 P	DATE OF BIRTH:

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Amikacin, Random, S				
Amikacin, Random, S	**25.0**	**mcg/mL**		**MCR**
-- EXPECTED VALUES --				
<8.0 (Trough)				
20.0-35.0 (Peak)				

*** PERFORMING SITE**

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

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 81752	Final	12/23/09 09:38 A

Specimen receipt and report times are in CST/CDT

REPRINT