

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, RACHEL							F	G9134380
ORDERING PHYSICIAN			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PR	NTED	SPECIMEN INFORMA	TION			
09/03/09 01:51 P	09/03/09 0)1:51 P	11/12/09	/12/09 03:01 P DATE OF BIRTH:				
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

	HI			
TEST REQUESTED	LO		REF RANGE	PERFORM SITE *
Uric Acid, Random, U				
Uric Acid, Random, U	22	mg/dL		MCR
Creatinine	12	mg/dL		MCR
Concentration				
Uric Acid/Creatinine	1.83	mg/mg		MCR
Ratio				

* 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, RACHEL	Final	09/03/09 01:51 P