

## **Laboratory Service Report**

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Patient Name SAMPLEREPORTS,TRSF ABNORMAL	Patient ID NA00025919	<b>Age</b> 23	Gender M	Order # NA00025919
Ordering Phys CLIENT,CLIENT	,			<b>DOB</b> 05/05/1990
Client Order # NA00025919	Account Information		Report Notes	
<b>Collected</b> 06/13/2013 15:47	C7028847-DLMP New England SDSC 2 - Client Support			
<b>Printed</b> 07/09/2013 14:30	Rochester, MN 55901			

Test Flag Results Unit Reference Value Site\*

Transferrin, S L <13 mg/dL 200 - 360 NEL

**RECEIVED:** 06/13/2013 14:48 **REPORTED:** 06/13/2013 14:50

## \* Performing Site:

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.

Patient Name SAMPLEREPORTS.TRSF ABNORMAL	Collection Date and Time 06/13/2013 15:47	Report Status Final
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