



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8470		PATIENT NUMBER		AGE 60	SEX F	ACCESSION # G9132565
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:12 A	RECEIVED 07/23/09 11:12 A	REPORT PRINTED 07/24/09 10:34 A		SPECIMEN INFORMATION DATE OF BIRTH:		
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 *
Chloride, BF			
Chloride, BF	105	mmol/L	MCR
Fluid Type	BODY FLUID		MCR

* 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 TESTING, 8470	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:12 A
-------------------------------	-----------------------	--

Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1