



Patient ID <b>SA00063485</b>	Patient Name <b>SAMPLEREPORT, ALDU 0-30 NORM</b>	Birth Date <b>2013-09-24</b>	Gender <b>F</b>	Age <b>3 W</b>
Order Number <b>SA00063485</b>	Client Order Number <b>SA00063485</b>	Ordering Physician <b>Client, Client</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>15 Oct 2013 13:00</b>		

**Aldosterone, U**

**Aldosterone, U**

0.7 mcg/24 h

**MCR**  
**Reference Value**  
0.7–11

**Urine Volume**

1000 mL

**MCR**

**Received:** 16 Oct 2013 11:42

**Reported:** 16 Oct 2013 13:07

**Collection Duration**

24 h

**MCR**

QA Environment

**Performing Site Legend**

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905