



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 8039		PATIENT NUMBER		AGE 29	SEX M	ACCESSION # G9132570
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 07/23/09 11:20 A	RECEIVED 07/23/09 11:20 A	REPORT PRINTED 07/24/09 10:37 A		SPECIMEN INFORMATION DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Sodium, BF Sodium, BF Fluid Type	205 BODY FLUID	mmol/L	MCR 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.
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PATIENT NAME TESTING, 8039	ORDER STATUS Final	COLLECTION DATE AND TIME 07/23/09 11:20 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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