

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name TESTING,5079	Patient ID	Age	Gender	<b>Order #</b> W2918608
Ordering Phys		DOB	<u> </u>	•
Client Order # W2918608	Account Information C7999998-STUSTEST	Report N	lotes	
<b>Collected</b> 10/14/2009 06:00	200 FIRST STREET SW ROCHESTER, MN 55901			
<b>Printed</b> 10/28/2009 11:58	(507)266-5730			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Amylase, Pancreatic, BF  Hemolyzed  REFERENCE VALUE		12880	REPORTED 10/ U/L	14/2009 08:14	MCR
No established normal values Fluid Type		BODY FLUID			MCR

## \* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director:	

Patient Name	Collection Date and Time	Report Status
TESTING,5079	10/14/2009 06:00	Final
Page 1 of 1		** End of Report **

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT