

1-800-533-1710

PATIENT NAME TESTING, DIANNA		PATIENT NUMBER		AGE 20	SEX F	ACCESSION # G9142370
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 01/18/10 12:17 P DATE TIME	RECEIVED	REPORT PRINTED 02/09/10 03:33 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Creatinine Conc				
Creatinine Conc		100	mg/dL	MCR
Cd Conc				
Cd Conc		3.0	mcg/L	SDL
Cd/Creatinine Ratio	H	3.0	mcg/g	<3.0 SDL

* 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.
SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.

PATIENT NAME TESTING, DIANNA	ORDER STATUS Final	COLLECTION DATE AND TIME 01/18/10 12:17 P
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