

1-800-533-1710

<b>PATIENT NAME</b> TESTING, CONNI 57149		<b>PATIENT NUMBER</b> L3MRNW3780691		<b>AGE</b> 36	<b>SEX</b> F	<b>ACCESSION #</b> W3780691
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 06/07/10 01:14 P <b>DATE TIME</b>	<b>RECEIVED</b> 06/07/10 01:14 P <b>DATE TIME</b>	<b>REPORT PRINTED</b> 06/08/10 09:57 A <b>DATE TIME</b>		<b>SPECIMEN INFORMATION</b> 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 *
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**Prostaglandins, Urine**

Prostaglandins, Urine	225	ng/24 hrs	100-280	REF
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This test was performed using a kit that has not been cleared or approved by the FDA and is designated as research use only. The analytic performance characteristics of this test have been determined by Inter Science Institute. This test is not intended for diagnosis or patient management decisions without confirmation by other medically established means.

Test Performed By: Inter Science Institute  
 944 West Hyde Park Boulevard  
 Inglewood, CA 90302

\* PERFORMING SITE

<b>PATIENT NAME</b> TESTING, CONNI 57149	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 06/07/10 01:14 P
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