

1-800-533-1710

PATIENT NAME TESTING, 86154 IS		PATIENT NUMBER L3MRNG9151821		AGE 30	SEX F	ACCESSION # G9151821
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/15/10 11:31 A	RECEIVED 06/15/10 11:31 A	REPORT PRINTED 06/15/10 01:18 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME				
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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Manganese, Random, U				
Manganese, Random, U	1.0	mcg/L		SDL

* PERFORMING SITE

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.
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PATIENT NAME TESTING, 86154 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 06/15/10 11:31 A
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