

1-800-533-1710

<b>PATIENT NAME</b> TESTING, STACY		<b>PATIENT NUMBER</b> L3MRNG9151882		<b>AGE</b> 44	<b>SEX</b> F	<b>ACCESSION #</b> G9151882
<b>ORDERING PHYSICIAN</b>			<b>CLIENT ORDER #</b>		<b>ACCOUNT #</b> LIAISONS	
<b>COLLECTION</b> 06/15/10 01:46 P	<b>RECEIVED</b>	<b>REPORT PRINTED</b> 06/15/10 02:35 P		<b>SPECIMEN INFORMATION</b> 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 *
<b>Heavy Metals Scrn, U</b>					
Arsenic, U	H	187	mcg/spec	<120 (Toxic >=5000)	SDL
Lead, U		<5	mcg/spec	<80	SDL
Mercury, U		<1	mcg/spec	<10 (Toxic >50)	SDL
Cadmium, U		1.6	mcg/spec	<3.0	SDL
Collection Duration		24	h		SDL
Total Volume		5300	mL		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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<b>PATIENT NAME</b> TESTING, STACY	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 06/15/10 01:46 P
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