

1-800-533-1710

<b>PATIENT NAME</b> TESTING, STACY		<b>PATIENT NUMBER</b> L3MRNG9151876		<b>AGE</b> 41	<b>SEX</b> F	<b>ACCESSION #</b> G9151876
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 06/15/10 01:43 P <b>DATE</b> <b>TIME</b>	<b>RECEIVED</b> 06/15/10 01:43 P <b>DATE</b> <b>TIME</b>	<b>REPORT PRINTED</b> 06/15/10      02:42 P <b>DATE</b> <b>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 *
Myoglobin, S Myoglobin, S	0.03	0.00-0.09	MCR

## \* 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.
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<b>PATIENT NAME</b> TESTING, STACY	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 06/15/10 01:43 P
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