

1-800-533-1710

PATIENT NAME TESTING, 800095 IS		PATIENT NUMBER L3MRNG9152115		AGE 30	SEX F	ACCESSION # G9152115
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/21/10 05:13 P	RECEIVED 06/21/10 05:13 P	REPORT PRINTED 07/01/10 11:06 A		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 *
T4 (Thyroxine), Total Only, S				
T4 (Thyroxine), Total Only, S		10.0	mcg/dL	5.0-12.5 MCF

* PERFORMING SITE

MCF Mayo Clinic Jacksonville Clinical Lab 4500 San Pablo Rd Jacksonville, Florida 32224	Lab Director: Arthur D. Jones, Jr. M.D.
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PATIENT NAME TESTING, 800095 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 06/21/10 05:13 P
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