

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9151964		AGE 35	SEX F	ACCESSION # G9151964
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/17/10 07:22 A	RECEIVED 06/17/10 07:22 A	REPORT PRINTED 07/27/10 03:21 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 *
Plasma Hemoglobin, P				
Total Hemoglobin		10.7	mg/dL	0.0-15.2 MCR
Oxyhemoglobin	H	13.4	mg/dL	0.0-12.4 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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