

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 500049 IS		<b>PATIENT NUMBER</b> L3MRNG9154592		<b>AGE</b> 30	<b>SEX</b> F	<b>ACCESSION #</b> G9154592
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 08/11/10 03:57 P	<b>RECEIVED</b>	<b>REPORT PRINTED</b> 08/23/10 01:31 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>	<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>17-Hydroxyprogesterone, S</b>				
17-Hydroxyprogesterone, S	50		ng/dL	NEL
-- EXPECTED VALUES --				
<80 (Follicular)				
<285 (Luteal)				
<b>Androstenedione, S</b>				
Androstenedione, S	120		ng/dL      30-200	NEL
<b>Cortisol, S, LC-MS/MS</b>				
PM Cortisol	10		mcg/dL      2-14	NEL

## \* PERFORMING SITE

NEL      Mayo Medical Laboratories New England 160 Dascomb Road    Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
---	-------------------------------------

<b>PATIENT NAME</b> TESTING, 500049 IS	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 08/11/10 03:57 P
---	------------------------------	---