

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 500051 IS		<b>PATIENT NUMBER</b> L3MRNG9154774		<b>AGE</b> 30	<b>SEX</b> F	<b>ACCESSION #</b> G9154774
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 08/13/10 01:20 P <b>DATE</b> <b>TIME</b>	<b>RECEIVED</b> 08/13/10 01:20 P <b>DATE</b> <b>TIME</b>	<b>REPORT PRINTED</b> 08/23/10      01:31 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 *
Androstenedione, S Androstenedione, S		150	30-200	NEL

## \* PERFORMING SITE

NEL      Mayo Medical Laboratories New England 160 Dascomb Road    Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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<b>PATIENT NAME</b> TESTING, 500051 IS	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 08/13/10 01:20 P
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