

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9151423		AGE 35	SEX F	ACCESSION # G9151423
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/07/10 12:05 P DATE TIME	RECEIVED 06/07/10 12:05 P DATE TIME	REPORT PRINTED 08/30/10 03:01 P DATE TIME		SPECIMEN INFORMATION 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 *
Osmolality, U				
Osmolality, U		675	mOsm/kg	150-1150 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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PATIENT NAME TESTING, SHEILA	ORDER STATUS Final	COLLECTION DATE AND TIME 06/07/10 12:05 P
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