

1-800-533-1710

PATIENT NAME TESTING, DIANNA		PATIENT NUMBER		AGE 50	SEX F	ACCESSION # G9146638
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 03/22/10 02:19 P	RECEIVED	REPORT PRINTED 04/13/10 01:48 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 *
Lead, Hair					
Lead, Hair	H	4.0	mcg/g	0.0-3.9	SDL
Specimen Source		Pubic			SDL
Mercury, Hair					
Mercury, Hair	H	1.0	mcg/g	0.0-0.9	SDL
Specimen Source		Pubic			SDL
Arsenic, Hair					
Arsenic, Hair	H	1.0	mcg/g	0.0-0.9	SDL
Specimen Source		Pubic			SDL

* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, DIANNA	ORDER STATUS Final	COLLECTION DATE AND TIME 03/22/10 02:19 P
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