

1-800-533-1710

PATIENT NAME TESTING, JESS		PATIENT NUMBER		AGE 23	SEX F	ACCESSION # G9147512
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 04/07/10 03:09 P	RECEIVED 04/07/10 03:09 P	REPORT PRINTED 04/13/10 02:01 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 *
Arsenic, Nails			
Arsenic, Nails	0.5	mcg/g	0.0-0.9
Specimen Source	Fingernails		SDL 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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