

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9150183		AGE 35	SEX F	ACCESSION # G9150183
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 05/17/10 07:59 A	RECEIVED 05/17/10 07:59 A	REPORT PRINTED 07/23/10 10:17 A		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 *
G-6-PD, QN, RBC				
G-6-PD, QN, RBC		10.2	U/g Hb	8.8-13.4 MCR

* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, SHEILA	ORDER STATUS Final	COLLECTION DATE AND TIME 05/17/10 07:59 A
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