

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9155849		AGE 35	SEX F	ACCESSION # G9155849
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/07/10 10:01 A	RECEIVED 09/07/10 10:01 A	REPORT PRINTED 09/07/10 10:31 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 *
Sodium, U				
Sodium, 24 Hr, U	L	18	mmol/24 h	41-227 MCR
Collection Duration		24	h	MCR
Urine Volume		1500	mL	MCR
Sodium Concentration		12	mmol/L	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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