

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9157525		AGE 35	SEX F	ACCESSION # G9157525
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/13/10 10:14 A	RECEIVED 10/13/10 10:14 A	REPORT PRINTED 10/15/10 11:52 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 *
Free Insulin, S Free Insulin, S	12	1.4-14	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 10/13/10 10:14 A
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