

1-800-533-1710

PATIENT NAME TESTING, 9067		PATIENT NUMBER L3MRNG9162187		AGE 45	SEX M	ACCESSION # G9162187
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 12/23/10 09:23 A	RECEIVED 12/23/10 09:23 A	REPORT PRINTED 12/23/10 12:00 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	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 *
Coag Factor XI Assay, P Coag Factor XI Assay, P		65	% 55-150	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, 9067	ORDER STATUS Final	COLLECTION DATE AND TIME 12/23/10 09:23 A
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