

1-800-533-1710

PATIENT NAME TESTING, 9069		PATIENT NUMBER L3MRNG9162189		AGE 42	SEX M	ACCESSION # G9162189
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 12/23/10 09:24 A	RECEIVED 12/23/10 09:24 A	REPORT PRINTED 12/23/10 12:02 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 *
Coag Factor XII Assay, P				
Coag Factor XII Assay, P		135	% 55-180	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, 9069	ORDER STATUS Final	COLLECTION DATE AND TIME 12/23/10 09:24 A
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