

<b>Patient Name</b> SAMPLEREPORT,FEUR	<b>Patient ID</b> SA00051989	<b>Age</b> 46	<b>Gender</b> F	<b>Order #</b> SA00051989
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 06/10/1966
<b>Client Order #</b> SA00051989	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 12/12/2012	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 12/13/2012 16:00				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Iron, Random, U		120	mcg/L	REPORTED 12/13/2012 13:44 100-300	SDL

\* Performing Site:

SDL	Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director:
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<b>Patient Name</b> SAMPLEREPORT,FEUR	<b>Collection Date and Time</b> 12/12/2012	<b>Report Status</b> Final
Page 1 of 1		** End of Report **

\* Report times for Mayo performed tests are CST/CDT