

1-800-533-1710

PATIENT NAME TESTING, CASEY		PATIENT NUMBER		AGE 5	SEX M	ACCESSION # G9134381
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/03/09 01:55 P DATE TIME	RECEIVED 09/03/09 01:55 P DATE TIME	REPORT PRINTED 11/12/09 03:01 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Citrate Excretion, Peds, Random, U				
Citrate Excretion, Peds, Random, U		100	mg/dL	MCR
Creatinine Concentration		100	mg/dL	MCR
Citrate/Creatinine Ratio		1.00	mg/mg	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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