

1-800-533-1710

PATIENT NAME TESTING, CASEY		PATIENT NUMBER		AGE 35	SEX M	ACCESSION # G9135200
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 09/22/09 11:43 A	RECEIVED 09/22/09 11:43 A	REPORT PRINTED 11/12/09 03:01 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 *
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Chloride, Random, U	<10	mmol/L	MCR
Chloride, Random, U			

* 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, CASEY	ORDER STATUS Final	COLLECTION DATE AND TIME 09/22/09 11:43 A
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