MAYO
MEDICAL LABORATORIES

*REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05530			F	C923285

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:21AM	02/27/99 002	8:32AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:16PM

TEST REQUESTED	HI LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.11 UB/GM Spec. Normals not applicable.	
Total Weight		8 grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05530	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*HEPKIN1
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05540			F	C923286

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
	02/02/99 10:26AM	02/27/99 8:32AM 002	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:16PM

TEST REQUESTED	HI LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.09 UB/GM Spec. Normals not applicable.		
Total Weight	10	grams	

3ORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05540	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05544			F	C923287

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:29AM	02/27/99	8:32AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.06	UB/GM Spec. Normals not applicable.	
Total Weight	8	grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05544	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

HOPKINS
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05517			M	C923288

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:31AM	02/27/99 002	8:32AM	

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.08 UB/GM Spec. Normals not applicable.		
Total Weight	10	grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

'IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05517	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05542			F	C923289

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:33AM	02/27/99 002	8:32AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.05 UB/GM Spec. Normals not applicable.	
Total Weight		6 grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05542	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*HEPKINI
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05508			M	C923290

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:34AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ug/24h	50-300
	0.15 MG UB/GM	SPEC. NORMALS NOT APPLICABLE	
Total Weight	6	grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05508	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05519			M	C923291

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:35AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.10 UB/GM Spec. Normals not applicable.		
Total Weight		8 grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

TIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05519	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*HOPKINI
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05551			F	C923292

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME
		02/02/99	10:37AM	02/27/99 002	8:33AM

SPECIMEN INFORMATION

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ug/24h	50-300
		0.05 UB/GM Spec. Normals not applicable.	
Total Weight		5 grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05551	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05512			M	C923293

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:39AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ug/24h	50-300
		0.06 UB/GM Spec. Normals not applicable.	
Total Weight		5 grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R896

TIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05512	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05506			M	C923294

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE / TIME	RECEIVED DATE / TIME	REPORT PRINTED DATE / TIME	SPECIMEN INFORMATION
	02/02/99 10:40AM	02/27/99 8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.09 UB/GM Spec. Normals not applicable.		
Total Weight		8 grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05506	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05549			F	C923295

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE / TIME	RECEIVED DATE / TIME	REPORT PRINTED DATE / TIME	SPECIMEN INFORMATION
	02/02/99 10:48AM	02/27/99 8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:17PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.08 UB/GM Spec. Normals not applicable.	
Total Weight		6 grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05549	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*NEPKINI
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05527				C923296

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:50AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.07 UB/GM Spec. Normals not applicable.	
Total Weight		8 grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05527	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05533			F	C923297

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE / TIME	RECEIVED DATE / TIME	REPORT PRINTED DATE / TIME	SPECIMEN INFORMATION
	02/02/99 10:52AM	02/27/99 8:33AM	

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.16 UB/BM Spec. Normals not applicalbe.		
Total Weight	13	grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05533	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*KEMKIN1
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05522				C923298

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	10:53AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ag/24h	50-300
	0.07 UB/GM Spec. Normals not applicable.		
Total Weight	7	grams	

MAYO
MEDICAL LABORATORIES

*REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05534			F	C923299

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	11:39AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.08	UB/GM Spec. Normals not applicable.	
Total Weight	9	grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05534	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*HOPKINS
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05507			M	C923300

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	11:41AM	02/27/99 002	8:33AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ug/24h	50-300
	0.04 UB/GM Spec. Normals not applicable.		
Total Weight	3	grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05507	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05531				C923301

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME
		02/02/99	11:43AM	02/27/99 002	8:34AM

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

SPECIMEN INFORMATION

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		ug/24h	50-300
	0.07 UB/GM Spec. Normals not applicable.		
Total Weight		9 grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05531	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*KEPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05520			M	C923302

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
	02/02/99 11:45AM	02/27/99 8:34AM 002	

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.11 UB/GM Spec. Normals not applicable.		
Total Weight	10	grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R896

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05520	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05526			M	C923303

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE / TIME	RECEIVED DATE / TIME	REPORT PRINTED DATE / TIME	SPECIMEN INFORMATION
	02/02/99 11:47AM	02/27/99 8:34AM 002	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.07 UB/GM Spec. Normals not applicable.	
Total Weight		7 grams	

3ORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R896

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05526	Urobilinogen, 48-Hour, Feces	

*** END REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05535			F	C923304

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	11:48AM	02/27/99 002	8:34AM	

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:18PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
		0.08 UB/GM Spec. Normals not applicable.	
Total Weight		4 grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

TIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05535	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

200 First Street Southwest
Rochester, Minnesota 55905
800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05511			M	C923305

REFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE / TIME	RECEIVED DATE / TIME	REPORT PRINTED DATE / TIME	SPECIMEN INFORMATION
	02/02/99 11:50AM	02/27/99 8:34AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:19PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.06 UB/GM Spec. Normals not applicable.		
Total Weight	10	grams	

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

PATIENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05511	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

REPRINT
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

TIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05536			F	C923306

FERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
	02/02/99 11:51AM	02/27/99 8:34AM	

3M Toxicology Services
Attn: Dr.Andrew Seacat, PhD
Bldg. 220-2E-02,3M Center
St.Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:19PM

TEST REQUESTED	HI LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.24 MG UB/GM SPEC		
Total Weight	12	grams	

ORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

ENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05536	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***

MAYO
MEDICAL LABORATORIES

*KEPKINI
200 First Street Southwest
Rochester, Minnesota 55905

800-533-1710

ATIENT NAME	PATIENT NUMBER	AGE	SEX	LAB. CONTROL NO.
N, I05529			F	C923307

EFERRING PHYSICIAN	PURCHASE NUMBER	ACCOUNT NUMBER
THOMFORD		C7021908

COLLECTION DATE	COLLECTION TIME	RECEIVED DATE	RECEIVED TIME	REPORT PRINTED DATE	REPORT PRINTED TIME	SPECIMEN INFORMATION
		02/02/99	11:53AM	02/27/99 002	8:34AM	

3M Toxicology Services
Attn: Dr. Andrew Seacat, PhD
Bldg. 220-2E-02, 3M Center
St. Paul, MN 55144

Tel : 651-575-3161

Reprinted : 03/01/99 12:19PM

TEST REQUESTED	HI / LO		EXPECTED VALUES
Urobilinogen, 48-Hour, Feces		mg/24h	50-300
	0.07 UB/BM Spec. Normals not applicable.		
Total Weight	10	grams	

BORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359-02/R696

IENT NAME	TEST NAME	COLLECTION DATE AND TIME
N, I05529	Urobilinogen, 48-Hour, Feces	

*** FINAL REPORT ***