MAYO CLINIC LABORATORIES

1-800-533-1710

FVIST

Hydroxyzine (Vistaril, Atarax), Serum

Patient ID	Patient Name		Birth Date	Gender	Age
SA00057545	SAMPLEREPORT, FVIST ABNORMAL		1970-11-09	M	42
Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
SA00057545	SA00057545	CLIENT, CLIENT			
Account Information		**Collected**			
C7028846 DLMP Rochester		16 May 2013 13:00			

Hydroxyzine (Vistaril) Y072

⚠ 110 ng/ml

High

Reference Value
10–100

Received: 17 May 2013 13:57

Reported: 21 May 2013 07:30

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
Y072	Medtox Laboratories, Inc	402 W. County Road D, St. Paul , MN 55112		