



Patient ID <b>SA00004599</b>	Patient Name <b>SAMPLEREPORT, ALDU</b>	Birth Date <b>2015-11-13</b>	Gender <b>F</b>	Age <b>2 D</b>
Order Number <b>SA00004599</b>	Client Order Number <b>SA00004599</b>	Ordering Physician <b>CLIENT,CLIENT</b>	Report Notes	
Account Information <b>C7028846 DLMP Rochester</b>		Collected <b>15 Nov 2015 11:11</b>		

**Aldosterone, U**

**Aldosterone, U**

11 mcg/24 h

**Collection Duration**

24 h

SDL

Reference Value  
0.7–11

**Urine Volume**

1234 mL

**Received:** 17 Nov 2015 11:11

**Reported:** 17 Nov 2015 13:39

SDL

SDL

Test Environment  
Standard Template

**Performing Site Legend**

Code	Laboratory	Address
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55901