

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 2/8/1990  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**ABO Group & Rh Type**

ARUP test code 0010003

ABORh

O Neg(weak D-)

This patient types as "weak D" Rh negative (RH:-1).

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
ABORh	22-161-401872	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 22-161-401872  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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