

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

Physician: Doctor, Example

**Patient: Patient, Example**

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

**Antigen Testing, RBC Phenotype Extended**

ARUP test code 0013020

RBC Phenotype Extended

The patient was recently transfused and results should be interpreted with caution. Testing was performed as per client request. It is recommended that test results be confirmed using a pre-transfusion sample or a molecular test method.

Although transfused cells were apparent, this patient appears to have the following most probable red cell extended phenotype:  
R1/r DCe/ce K+k+ Fy(a+b+) JK(a+b-) S-s+  
(ISBT) RH:1,2,-3,4,5 KEL:1,2 FY:1,2 JK:1,-2 MNS:-3,4

It is recommended that testing be performed using a pre-transfusion sample or a molecular test method (ARUP test code 3001053, Red Blood Cell Antigen Genotyping).

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
RBC Phenotype Extended	20-335-118944	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: