

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/31/1985  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Chloride, Serum or Plasma**

ARUP test code 0020003

Chloride, Serum or Plasma **68 mmol/L** L (Ref Interval: 98-107)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Chloride, Serum or Plasma	19-260-114701	9/17/2019 2:01:00 PM	9/17/2019 2:09:57 PM	9/17/2019 2:14:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: