

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/10/1971  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Alanine Aminotransferase, Serum or Plasma**

ARUP test code 0020008

Alanine Aminotransferase 10 U/L (Ref Interval: 5-40)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Alanine Aminotransferase	23-062-149223	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: