

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 7/13/1966  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Creatine Kinase, Total, Serum or Plasma**

ARUP test code 0020010

Creatine Kinase, Total, Ser/Pla **20 U/L L** (Ref Interval: 26-192)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Creatine Kinase, Total, Ser/Pla	23-143-107584	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**