

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:** 00/00/0000 00:00

**Bilirubin, Direct, Serum or Plasma**

ARUP test code 0020033

Bilirubin Direct **0.6 mg/dL** **H** (Ref Interval: 0.0-0.3)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Bilirubin Direct	22-276-116632	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: