

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/24/2019  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Ammonia, Plasma**

ARUP test code 0020043

Ammonia, Plasma 49 umol/L (Ref Interval: 0-95)  
Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Ammonia, Plasma	19-362-103764	12/28/2019 1:58:00 PM	12/28/2019 2:02:21 PM	12/28/2019 2:29:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: