

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 7/16/1966
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Ammonia, Plasma

ARUP test code 0020043

Ammonia, Plasma

40 umol/L (Ref Interval: 0-72)

Performed At: SOUTH JORDAN LAB
5126 W DAYBREAK PARKWAY
SOUTH JORDAN, UT 84095
Medical Director: LAUREN NICHOLE PEARSON, DO
CLIA Number: 46D2033165

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Ammonia, Plasma	23-020-702205	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: