

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 3/22/1977

**Gender:** Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD

**Collection Date:** 00/00/0000 00:00

**Hemoglobin, Plasma**

ARUP test code 0020058

Hemoglobin, Plasma 0.6 mg/dL (Ref Interval: 0.0-9.7)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hemoglobin, Plasma	18-258-400729	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