

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/28/1977  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Cholinesterase, RBC - Ratio to Hemoglobin**

ARUP test code 0020174

Cholinesterase, RBC - Ratio to Hb 46 U/g Hb (Ref Interval: 25-52)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cholinesterase, RBC - Ratio to Hb	20-009-119199	1/9/2020 2:55:00 AM	1/10/2020 12:47:45 PM	1/11/2020 9:02:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at: