

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

**Fasting Sugar**

ARUP test code 0020064

Glucose, Fasting 85 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, Fasting	21-148-118364	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

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

**1/2 Hour Sugar**

ARUP test code 0020065

Glucose, 30 Minute 111 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 30 Minute	21-147-149374	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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**1 Hour Sugar**

ARUP test code 0020066

Glucose, 1 Hour 59 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 1 Hour	21-147-149375	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

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**Patient: Patient, Example**

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**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**2 Hour Sugar**

ARUP test code 0020067

Glucose, 2 Hour for LACTOL 103 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 2 Hour for LACTOL	21-147-149376	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

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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

**3 Hour Sugar**

ARUP test code 0020068

Glucose, 3 Hour 61 mg/dL

INTERPRETIVE INFORMATION: Lactose Tolerance  
Fasting glucose: 64 - 128 mg/dL  
Normal lactose tolerance: 20 - 30 mg/dL elevation in glucose over fasting level after 50 g lactose load.

A less than 20 mg/dL increase in glucose over the fasting level, with gastrointestinal symptoms after a lactose load is considered abnormal and consistent with lactase deficiency.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 3 Hour	21-147-149377	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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Unless otherwise indicated, testing performed at: