

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/8/1963  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Iron and Iron Binding Capacity**

ARUP test code 0020420

Iron, Serum or Plasma

**28 ug/dL L (Ref Interval: 45-182)**

REFERENCE INTERVAL: Iron, Serum or Plasma

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Iron Binding Capacity Total

**178 ug/dL L (Ref Interval: 240-450)**

REFERENCE INTERVAL: Iron Binding Capacity Total

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Transferrin Saturation

**16 %sat L (Ref Interval: 20-50)**

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Iron, Serum or Plasma	22-212-101926	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Iron Binding Capacity Total	22-212-101926	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Transferrin Saturation	22-212-101926	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: