

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/18/1985  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Lactate Dehydrogenase Total, Body Fluid**

ARUP test code 0020505

Lactate Dehydrogenase Total, Body Fluid

14 U/L

INTERPRETIVE INFORMATION: Lactate Dehydrogenase Total, Body Fluid

For information on body fluid reference ranges and/or interpretive guidance visit <http://aruplab.com/bodyfluids/>

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: [aruplab.com/CS](http://aruplab.com/CS)

LDH Fluid Source

CSF

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Lactate Dehydrogenase Total, Body Fluid	20-288-109854	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
LDH Fluid Source	20-288-109854	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: