

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/30/1995  
**Gender:** Male  
**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

12 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/>

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

LDH Fluid Source

CSF

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Lactate Dehydrogenase Total, Body Fluid	22-297-105990	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
LDH Fluid Source	22-297-105990	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**