

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/18/1980  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Bilirubin, Total, Body Fluid**

ARUP test code 0020510

Bilirubin, Total, Body Fluid

0.4 mg/dL

INTERPRETIVE INFORMATION: Bilirubin, 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.

Bilirubin, Total Fluid Source

Biliary

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Bilirubin, Total, Body Fluid	22-272-403155	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Bilirubin, Total Fluid Source	22-272-403155	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**