

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 80 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, Fasting	21-147-149860	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:

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**1 Hour Sugar**

ARUP test code 0020066

Glucose, 1 Hour 56 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 1 Hour	21-147-149861	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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**Glucose, 2 hour**

ARUP test code 0020599

Glucose, 2 Hour for GTT

101 mg/dL

INTERPRETIVE INFORMATION: Glucose Tolerance Testing

Interpretive limits for glucose tolerance testing vary based on population, glucose dose, and time of collection after glucose administration. Published guidelines from the American Diabetes Association or the American Congress of Obstetricians and Gynecologists should be consulted for interpretive values.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 2 Hour for GTT	21-147-149862	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

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**3 Hour Sugar**

ARUP test code 0020068

Glucose, 3 Hour 62 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Glucose, 3 Hour	21-147-149863	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: