

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/28/2011  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Erythrocyte Porphyrin (EP), Whole Blood**

ARUP test code 0020610

Erythrocyte Porphyrin (EP)

**282 ug/dL H (Ref Interval: 0-35)**

See Compliance Statement B: [www.aruplab.com/CS](http://www.aruplab.com/CS)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Erythrocyte Porphyrin (EP)	20-280-125983	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: