

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/10/1951  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Fibrinogen**

ARUP test code 0030130

Fibrinogen

**50 mg/dL C (Ref Interval: 150-430)**

Performed At: U HOSPITAL LAB (ARUP)  
UNIVERSITY HOSPITAL  
CLINICAL LABORATORY  
SALT LAKE CITY, UT 84132  
Medical Director: [REDACTED]  
CLIA Number: [REDACTED]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Fibrinogen	22-338-701124	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: