

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/8/2022
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Fibrinogen

ARUP test code 0030130

Fibrinogen 338 mg/dL (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	22-347-700035	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: