

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/17/1958  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Fibrinogen Panel**

ARUP test code 0030137

Fibrinogen	98 mg/dL	C	(Ref Interval: 150-430)
Fibrinogen Ag	122 mg/dL	L	(Ref Interval: 149-353)
Fibrinogen Ratio Ag/Functional	1.24 ratio	H	(Ref Interval: 0.59-1.23) INTERPRETIVE INFORMATION: Fibrinogen Antigen/Functional Ratio A ratio of greater than 1.23 is suggestive of a dysfibrinogenemia.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Fibrinogen	22-299-139097	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrinogen Ag	22-299-139097	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrinogen Ratio Ag/Functional	22-299-139097	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: