

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/18/1967  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Fibrinogen Panel**

ARUP test code 0030137

Fibrinogen	376 mg/dL	(Ref Interval: 150-430)
Fibrinogen Ag	287 mg/dL	(Ref Interval: 149-353)
Fibrinogen Ratio Ag/Functional	0.76 ratio	(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	22-321-150201	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrinogen Ag	22-321-150201	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrinogen Ratio Ag/Functional	22-321-150201	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: