

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/11/1994  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Prothrombin Time**

ARUP test code 0030215

Prothrombin Time **9.2 sec L** (Ref Interval: 12.0-15.5)

| VERIFIED/REPORTED DATES |               |                  |                  |                   |
|-------------------------|---------------|------------------|------------------|-------------------|
| Procedure               | Accession     | Collected        | Received         | Verified/Reported |
| Prothrombin Time        | 23-073-150817 | 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**