

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/12/1989  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Prothrombin Time**

ARUP test code 0030215

Prothrombin Time **11.4 sec L** (Ref Interval: 12.0-15.5)  
Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Prothrombin Time	19-088-102538	3/29/2019 8:59:00 AM	3/29/2019 9:04:14 AM	3/29/2019 9:37:00 AM

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: