

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/5/1960  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Partial Thromboplastin Time**

ARUP test code 0030235

Partial Thromboplastin Time **>150 sec C** (Ref Interval: 24-35)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Partial Thromboplastin Time	23-144-400122	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**