

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 5/30/2003
Gender: Female
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 **53 sec H** (Ref Interval: 24-35)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Partial Thromboplastin Time	23-159-401614	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: