

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/15/1947  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Reptilase Time with Reflex to Reptilase Time 1:1 Mix**

ARUP test code 0030295

Reptilase Time **27.9 sec** **H** (Ref Interval: <=21.9)

Reptilase Time 1:1 Mix **24.8 sec** **H** (Ref Interval: <=21.9)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Reptilase Time	20-068-400438	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Reptilase Time 1:1 Mix	20-068-400438	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