

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 4/28/1947

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD

**Collection Date:** 00/00/0000 00:00

**Reticulocytes, Percent and Number**

ARUP test code 0040022

Reticulocytes Percent

**3.8 % H (Ref Interval: 1.0-2.6)**

Performed at: ARUP - Farmington Health Ctr Laboratory 165 North University Ave, Farmington UT 84025

Reticulocyte Number

102 k/uL (Ref Interval: 47-152)

Performed at: ARUP - Farmington Health Ctr Laboratory 165 North University Ave, Farmington UT 84025

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Reticulocytes Percent	00-000-000000	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Reticulocyte Number	00-000-000000	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