

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/25/2015  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Red Blood Cell Count**

ARUP test code 0040270

Red Blood Cell **0.01 M/uL L** (Ref Interval: 3.90-5.30)  
Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Red Blood Cell	19-155-115432	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