

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 5/25/2016

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

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

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

**Hemoglobin, Unstable**

ARUP test code 0049020

Hemoglobin, Unstable **Positive** \* (Ref Interval: Negative)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hemoglobin, Unstable	18-282-400243	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