

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/17/1985  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Parasites Smear (Giemsa Stain), Blood**

ARUP test code 0049025

Parasites Smear (Giemsa Stain), Blood

Negative

(Ref Interval: Negative)

Because of the intermittent nature of parasitemia, examination of smears from multiple specimens may be necessary. If the diagnosis of malaria is to be rigorously pursued, examination of 3 specimens taken at 6-8 hour intervals on 3 successive days regardless of clinical symptoms is recommended.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Parasites Smear (Giemsa Stain), Blood	23-162-100180	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: