

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 7/6/1977  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Albumin, Body Fluid**

ARUP test code 0050024

SR Source NP

Albumin, Body Fluid

>7700 mg/dL

INTERPRETIVE INFORMATION: Albumin, Body Fluid

A reference interval has not been established for body fluid specimens.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
SR Source	21-047-104881	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Albumin, Body Fluid	21-047-104881	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: