

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/19/1947  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Aspergillus Antibodies by Complement Fixation**

ARUP test code 0050100

Aspergillus Antibodies by CF

**1:16** \* (Ref Interval: <1:8)

INTERPRETIVE INFORMATION: Aspergillus Antibodies by CF

A titer of 1:8 or greater suggests Aspergillus infection or allergy. Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Aspergillus Antibodies by CF	23-131-131843	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: