

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/11/1970  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Thyroglobulin Antibody**

ARUP test code 0050105

Thyroglobulin Antibody

**17.4 IU/mL H (Ref Interval: 0.0-4.0)**

INTERPRETIVE INFORMATION: Thyroglobulin Antibody

A value of 4.0 IU/mL or less indicates a negative result for thyroglobulin antibodies.

The Thyroglobulin Antibody assay is being performed using the Beckman Coulter Access DxI method.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Thyroglobulin Antibody	21-146-133746	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: