

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/24/1957  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Complement Components 3 and 4**

ARUP test code 0050149

**Complement Component 3**

**191 mg/dL H (Ref Interval: 90-180)**

REFERENCE INTERVAL: Complement Component 3

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

**Complement Component 4**

**50 mg/dL H (Ref Interval: 10-40)**

REFERENCE INTERVAL: Complement Component 4

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Complement Component 3	23-309-100199	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Complement Component 4	23-309-100199	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: