

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/25/1980  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Histoplasma Antibodies by Immunodiffusion**

ARUP test code 0050174

Histoplasma Antibodies by ID Not Detected (Ref Interval: Not Detected)

No Histoplasma antibodies were detected. This result does not exclude Histoplasma infection.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Histoplasma Antibodies by ID	23-215-141331	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: