

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 2/8/1955
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Cryofibrinogen

ARUP test code 0050190

Cryofibrinogen

POS 48Hour * (Ref Interval: NEG 72Hour)

Trace amount of cryofibrinogen detected at 48 hrs.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cryofibrinogen	21-203-149284	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: