

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

Physician: Doctor, Example

Patient: Patient, Example**DOB** 1/4/1963
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00**Cryofibrinogen**

ARUP test code 0050190

Cryofibrinogen NEG 72Hour (Ref Interval: NEG 72Hour)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Cryofibrinogen	23-219-110476	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:*ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory DirectorPatient: Patient, Example
ARUP Accession: 23-219-110476
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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