

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/27/1973  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Beta-2 Glycoprotein 1 Antibody, IgA**

ARUP test code 0050324

B2Glycoprotein 1, IgA Antibody **54 SAU H** (Ref Interval: <=20)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
B2Glycoprotein 1, IgA Antibody	21-335-149948	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: