

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/15/1955  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Immunoglobulin G**

ARUP test code 0050350

Immunoglobulin G

**<16 mg/dL L (Ref Interval: 768-1632)**

REFERENCE INTERVAL: Immunoglobulin G

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
Immunoglobulin G	21-116-134515	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**