

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/9/1960  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Immunoglobulin M, CSF**

ARUP test code 0050356

Immunoglobulin M CSF **1.3 mg/dL H** (Ref Interval: 0.0-0.7)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Immunoglobulin M CSF	20-363-107946	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: