

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/31/1970  
**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 0.1 mg/dL (Ref Interval: 0.0-0.7)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Immunoglobulin M CSF	21-109-108463	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: