

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 4/29/1986  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination, Qualitative**

ARUP test code 0050385

Heterophile Ab (Inf. Mono) LA, Qual                      Negative                      (Ref Interval: Negative)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Heterophile Ab (Inf. Mono) LA, Qual	19-248-401727	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