

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

Physician: Doctor, Example

Patient: Patient, Example

DOB 3/13/2000

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 **Positive** * (Ref Interval: Negative)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Heterophile Ab (Inf. Mono) LA, Qual	19-240-145270	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