

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/15/1947  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Rheumatoid Factor**

ARUP test code 0050465

Rheumatoid Factor **78 IU/mL H** (Ref Interval: 0-14)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Rheumatoid Factor	20-204-126672	7/22/2020 7:59:00 AM	7/24/2020 4:46:04 AM	7/24/2020 10:51:00 AM

END OF CHART

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: