

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/19/1971  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Rheumatoid Factor**

ARUP test code 0050465

Rheumatoid Factor <10 IU/mL (Ref Interval: 0-14)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Rheumatoid Factor	22-181-126437	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: