

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/2/1979  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Rapid Plasma Reagin (RPR) with Reflex to Titer**

ARUP test code 0050471

Rapid Plasma Reagin (RPR) **Reactive** \* (Ref Interval: Non Reactive)

**Rapid Plasma Reagin (RPR) Titer**

ARUP test code 2003239

Rapid Plasma Reagin (RPR) Titer **1:8** \* (Ref Interval: < 1:1)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Rapid Plasma Reagin (RPR)	22-364-115844	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rapid Plasma Reagin (RPR) Titer	22-364-115844	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: