

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 1/2/1992  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Treponema pallidum Antibody, IgG by IFA (FTA-ABS), Serum**

ARUP test code 0050477

T.Pallidum Ab, IgG (FTA-ABS) Non Reactive (Ref Interval: Non Reactive)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
T.Pallidum Ab, IgG (FTA-ABS)	19-290-129904	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