

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/11/2000  
**Gender:** Unknown  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Rapid Plasma Reagin (RPR) with Reflex to Titer and TP-PA Confirmation**

ARUP test code 0050478

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

Treponema pallidum confirmation testing to follow.

**Treponema pallidum Antibody by TP-PA**

ARUP test code 0050777

Treponema pallidum Ab by TP-PA **Reactive** \* (Ref Interval: Non Reactive)

**Rapid Plasma Reagin (RPR) Titer**

ARUP test code 2003239

Rapid Plasma Reagin (RPR) Titer **1:4** \*

## VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Rapid Plasma Reagin (RPR)	19-011-118182	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Treponema pallidum Ab by TP-PA	19-011-118182	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rapid Plasma Reagin (RPR) Titer	19-011-118182	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