

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/13/1963  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Immunoglobulin A, Saliva**

ARUP test code 0050525

Immunoglobulin A, Saliva

**30.0 mg/dL H (Ref Interval: 5.0-28.0)**

REFERENCE INTERVAL: Immunoglobulin A, Saliva

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Immunoglobulin A, Saliva	19-092-401231	4/1/2019 11:43:00 AM	4/3/2019 3:59:46 PM	4/4/2019 1:21:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at: