

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 7/6/1970  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Histone Antibody, IgG**

ARUP test code 0050860

Histone Antibody, IgG

**4.6 Units H (Ref Interval: 0.0-0.9)**

INTERPRETIVE INFORMATION: Histone Ab, IgG

0.9 Units or less ..... Negative  
1.0 - 1.5 Units ..... Weak Positive  
1.6 - 2.5 Units ..... Moderate Positive  
2.6 Units or greater ..... Strong Positive

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Histone Antibody, IgG	19-038-136599	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