

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/10/2000  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Campylobacter Antigen**

ARUP test code 0058002

Campylobacter Antigen **Positive** \* (Ref Interval: Negative)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Campylobacter Antigen	20-246-124341	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: