

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/20/2018
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 **Negative** (Ref Interval: Negative)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Campylobacter Antigen	23-035-105380	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: