

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 2/23/1964

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD

**Collection Date:** 00/00/0000 00:00

**Blood Culture, AFB and Fungal**

ARUP test code 0060024

Collected: 00/00/0000 00:00 MT

Started: 00/00/0000 00:00 MT

Source: **Blood**

Body Site: **Blood**

Free Text Sources: **Blood Micro Blood**

**Final Report**

No growth at 42 Days

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Blood Culture, AFB and Fungal	19-183-110893	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

**S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate, SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available**

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

---

**S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate,  
SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available**

---

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

---