

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/8/1976  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Giardia Antigen by EIA**

ARUP test code 0060048

Giardia Antigen By EIA **Positive** \* (Ref Interval: Negative)

| VERIFIED/REPORTED DATES |               |                  |                  |                   |
|-------------------------|---------------|------------------|------------------|-------------------|
| Procedure               | Accession     | Collected        | Received         | Verified/Reported |
| Giardia Antigen By EIA  | 20-219-126190 | 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: