

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/17/1994  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Pneumocystis jirovecii DFA**

ARUP test code 0060052

Pneumocystis source: BAL

Pneumocystis jirovecii by DFA **Positive** \* (Ref Interval: Negative)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Pneumocystis source:	18-139-400165	5/18/2018 4:30:00 PM	5/20/2018 12:48:15 PM	5/20/2018 5:05:00 PM
Pneumocystis jirovecii by DFA	18-139-400165	5/18/2018 4:30:00 PM	5/20/2018 12:48:15 PM	5/20/2018 5:05:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: