

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 4/10/1956  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Legionella Species, Culture**

ARUP test code 0060113

Collected: 00/00/0000 00:00 MT

Started: 00/00/0000 00:00 MT

Source: **Respiratory**

Body Site: **BAL**

Free Text Sources: **Bronchial Alveolar Lavage Resp**

**Final Report**

Culture negative for Legionella species

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Legionella Species, Culture	20-190-106604	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

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