

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/2/1962  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Brucella Culture**

ARUP test code 0060159

Collected: 00/00/0000 00:00 MT  
Started: 00/00/0000 00:00 MT

Source: **Cerebrospinal Fluid**

Body Site: **CSF**

Free Text Sources: **CSF**

**Final Report**

Culture negative for Brucella species

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Brucella Culture	23-281-102819	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**

Unless otherwise indicated, testing performed at: