

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/27/1949  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Cortisol, Serum**

ARUP test code 0070030

Cortisol, Serum

0.6 ug/dL

INTERPRETIVE INFORMATION: Cortisol, Serum

0800 hrs: 6.0-23.0 ug/dL  
2000 hrs: 0.0-9.0 ug/dL  
8 hrs post 1 mg dexamethasone given at midnight:0.0-5.0 ug/dL  
30-60 min post 25 units Cosyntropin I.V.: greater than 20.0 ug/dL.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cortisol, Serum	19-267-113554	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