

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/27/1994  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Histamine, Plasma**

ARUP test code 0070036

Histamine, Plasma

<8 nmol/L (Ref Interval: 0-8)

INTERPRETIVE INFORMATION: Histamine, Plasma

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Histamine, Plasma	20-105-117305	4/14/2020 1:54:00 PM	4/16/2020 7:57:15 AM	4/18/2020 9:54:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: