

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/21/1999  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Histamine, Whole Blood**

ARUP test code 0070037

Histamine, Whole Blood

**2937 nmo1/L H (Ref Interval: 180-1800)**

INTERPRETIVE INFORMATION: Histamine, whole blood

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, Whole Blood	20-107-119037	4/16/2020 4:42:00 PM	4/18/2020 7:11:21 AM	4/18/2020 9:52:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: