

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/19/1987  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Insulin-Like Growth Factor Binding Protein-3 (IGFBP-3)**

ARUP test code 0070060

IGF Binding Protein 3 **9130 ng/mL H** (Ref Interval: 2786-6084)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
IGF Binding Protein 3	22-295-103291	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**

Unless otherwise indicated, testing performed at: