

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/6/1962  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Gastrin**

ARUP test code 0070075

Gastrin <10 pg/mL (Ref Interval: 0-100)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Gastrin	20-041-112551	2/10/2020 8:54:00 AM	2/11/2020 7:41:34 AM	2/12/2020 1:41:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at: