

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

Physician: Doctor, Example

## **Patient: Patient, Example**

DOB	1/29/1995
Gender:	Male
<b>Patient Identifiers:</b>	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
<b>Collection Date:</b>	00/00/0000 00:00

## Testosterone (Adult Males or Individuals on Testosterone Hormone Therapy) ARUP test code 0070130

Testosterone by Immunoassay	887 ng/dL	(Ref Interval: 300-1080)			
	INTERPRETIVE INFORMATION: Testosterone by Immunoassay				
	low testosterone co and cisgender femal spectrometry is rec Females, Children, ( Hormone Therapy) (Al	assays are both imprecise and inaccurate at ncentrations, such as those found in children es. For these individuals, testing by mass ommended; refer to Testosterone (Adult or Individuals on Testosterone-Suppressing RUP test code 0081058). Free or bioavailable ements may provide supportive information.			
	cisgender male refe been established fo cisgender females.	testosterone hormone therapy, refer to rence intervals. No reference intervals have r males younger than 14 years or for For a complete set of all established , refer to ltd.aruplab.com/Tests/Pub/0070130.			

VERIFIED/REPORTED DATES					
Procedure	Accession	Collected	Received	Verified/Reported	
Testosterone by Immunoassay	23-086-129966	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: