

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/24/1993  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Parathyroid Hormone, Intact with Calcium**

ARUP test code 0070172

Calcium for Parathyroid Hormone, Intact 9.9 mg/dL (Ref Interval: 8.6-10.0)

Parathyroid Hormone, Intact 20 pg/mL (Ref Interval: 15-65)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Calcium for Parathyroid Hormone, Intact	23-228-109727	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Parathyroid Hormone, Intact	23-228-109727	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: