

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/17/1986  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Bile Acids, Total**

ARUP test code 0070189

Bile Acids, Total

**11 umol/L H (Ref Interval: 0-10)**

INTERPRETIVE INFORMATION: Bile Acids, Total

Reference Interval applies to fasting specimens.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Bile Acids, Total	19-336-116667	12/2/2019 11:16:00 AM	12/2/2019 5:59:01 PM	12/2/2019 8:36:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: