

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/25/1945  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Procollagen Type I Intact N-Terminal Propeptide**

ARUP test code 0070236

Procollagen I Intact N-Terminal Propep **131 ug/L** **H** (Ref Interval: 22-105)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Procollagen I Intact N-Terminal Propep	22-181-113152	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: