

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/7/1989  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Thyroxine Binding Globulin**

ARUP test code 0070410

Thyroxine Binding Globulin 19.0 ug/mL (Ref Interval: 13.0-30.0)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Thyroxine Binding Globulin	22-266-133028	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: