

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/16/1974
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 **52.0 ug/mL H** (Ref Interval: 13.0-30.0)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Thyroxine Binding Globulin	22-266-111213	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: