

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/6/1978  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Alprazolam**

ARUP test code 0090010

Alprazolam

117 ng/mL

DOSE-RELATED RANGE: Alprazolam

Anxiety: 10-40 ng/mL (Dose: 1-4 mg/d)  
Phobia and panic: 50-100 ng/mL (Dose: 6-9 mg/d)  
Toxic: Greater than 100 ng/mL

Adverse effects may include somnolence, light-headedness and muscle tremors.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Alprazolam	23-353-149792	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: