

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/28/1992  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Salicylate Assay**

ARUP test code 0090251

Salicylate

**19 mg/dL H (Ref Interval: 2-10)**

Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

INTERPRETIVE INFORMATION: salicylate

Analgesic ..... 2-10 mg/dL  
Anti-inflammatory ..... 10-30 mg/dL  
Toxic ..... greater than 30 mg/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Salicylate	18-003-103111	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: