

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/29/1957  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Theophylline**

ARUP test code 0090265

Theophylline

**9.7 ug/mL L (Ref Interval: 10.0-20.0)**

Performed By: ARUP Laboratories at University Hospital  
50 North Medical Drive  
Salt Lake City, UT 84132  
Laboratory Director: Lauren N. Pearson, DO, MPH

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Theophylline	21-271-117728	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: