

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 7/10/1991
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Diuretic Screen, Urine

ARUP test code 0091258

Diuretic Screen ++POSITIVE++

Benzthiazide NEGATIVE

Bumetanide NEGATIVE

Chlorothiazide ++POSITIVE++

Chlorthalidone NEGATIVE

Furosemide NEGATIVE

Hydrochlorothiazide NEGATIVE

Hydroflumethiazide NEGATIVE

Metolazone NEGATIVE

Qualitative diuretic screen includes:
benzthiazide, bumetanide, chlorothiazide,
chlorthalidone, furosemide, hydrochlorothiazide,
hydroflumethiazide, and metolazone.
This test was developed and its performance characteristics
determined by LabCorp. It has not been cleared or approved
by the Food and Drug Administration.

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Diuretic Screen	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Benzthiazide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Bumetanide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chlorothiazide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chlorthalidone	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Furosemide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hydrochlorothiazide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hydroflumethiazide	20-336-127719	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Metolazone	20-336-127719	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 20-336-127719
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 2/1/2021 11:59:35 AM
4848