

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/27/1957  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Cystatin C, Serum with Reflex to Estimated Glomerular Filtration Rate (eGFR)**

ARUP test code 0095229

Cystatin C **1.7 mg/L H** (Ref Interval: 0.5-1.2)

**Cystatin C Reflex**

ARUP test code 3000246

eGFR by Cystatin C **43 mL/min/BSA L** (Ref Interval: >=60)

INTERPRETIVE INFORMATION: eGFR by Cystatin C

Stage	Description	eGFR Range
1.....	Normal or increased eGFR.....	90 or Greater
2.....	Mildly decreased eGFR.....	60-89
3.....	Moderately decreased eGFR.....	30-59
4.....	Severely decreased eGFR.....	15-29
5.....	Kidney Failure.....	Less than 15

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cystatin C	21-022-135402	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
eGFR by Cystatin C	21-022-135402	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: