

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 5/11/1968

**Gender:** Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD

**Collection Date:** 00/00/0000 00:00

**Chylomicron Screen, Body Fluid**

ARUP test code 0098457

Chylomicron Screen, Body Fluid

Absent

(Ref Interval: Absent)

Chylomicrons were not detected. This appears to be a nonchylous fluid.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Chylomicron Screen, Body Fluid	20-108-106560	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