

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/5/1981  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Complement Component 1Q Level**

ARUP test code 0099130

Complement Component 1q Level 190 ug/mL (Ref Interval: 109-242)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Complement Component 1q Level	20-143-104187	5/22/2020 8:10:00 AM	5/23/2020 4:50:33 AM	5/27/2020 10:35:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: