

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/24/1973  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Lipoprotein (a)**

ARUP test code 0099174

Lipoprotein (a) **51 mg/dL** **H** (Ref Interval: <=29)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Lipoprotein (a)	20-037-400253	2/5/2020 3:59:00 PM	2/7/2020 6:37:07 AM	2/7/2020 4:51:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: