

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/18/1978  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Tissue Plasminogen Activator, Antigen**

ARUP test code 0099187

Tissue Plasminogen Activator Antigen **14.6 ng/mL H** (Ref Interval: <=12.4)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Tissue Plasminogen Activator Antigen	22-180-139519	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**