

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/1/1970  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Virilization Panel 1**

ARUP test code 2002028

Androstenedione by TMS

**0.850 ng/mL H (Ref Interval: 0.130-0.820)**

INTERPRETIVE INFORMATION: Androstenedione, Females 18 years and older

Pre-menopausal: 0.26-2.14 ng/mL  
Post-menopausal: 0.13-0.82 ng/mL

REFERENCE INTERVAL: Androstenedione by TMS

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Testosterone, LC-MS/MS

**82 ng/dL H (Ref Interval: 9-55)**

Total Testosterone, Females 18 years and older  
Premenopausal 9-55 ng/dL  
Postmenopausal 5-32 ng/dL

Total testosterone values may not reflect optimal concentrations in all individuals. Free or bioavailable testosterone measurements may provide supportive information.

REFERENCE INTERVAL: Testosterone, LC-MS/MS

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Dehydroepiandrosterone by TMS

**5.650 ng/mL H (Ref Interval: 0.630-4.700)**

INTERPRETIVE INFORMATION: Dehydroepiandrosterone, Females 18 years and older:

Postmenopausal: 0.60-5.73 ng/mL

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

REFERENCE INTERVAL: Dehydroepiandrosterone by TMS

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Androstenedione by TMS	19-010-114627	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Testosterone, LC-MS/MS	19-010-114627	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dehydroepiandrosterone by TMS	19-010-114627	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