

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 8/12/1959
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Congenital Adrenal Hyperplasia Treatment Panel

ARUP test code 2002029

17-Hydroxyprogesterone, HPLC-MS/MS 150.00 ng/dL (Ref Interval: <=206.00)

INTERPRETIVE INFORMATION for 17-Hydroxyprogesterone in females:

Follicular 15 to 70 ng/dL
Luteal 35 to 290 ng/dL

REFERENCE INTERVAL: 17-Hydroxyprogesterone Qnt, HPLC-MS/MS

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

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Androstenedione by TMS 0.543 ng/mL (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).

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Testosterone by Mass Spec 20 ng/dL (Ref Interval: 5-32)

REFERENCE INTERVAL: Testosterone by Mass Spec

Females
Premenopausal 9-55 ng/dL
Postmenopausal 5-32 ng/dL

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

INTERPRETIVE INFORMATION: Testosterone by Mass Spec

Free or bioavailable testosterone measurements may provide supportive information.

For individuals on testosterone-suppressing hormone therapies (e.g., antiandrogens or estrogens), refer to cisgender female reference intervals. For a complete set of all established reference intervals, refer to ltd.aruplab.com/Tests/Pub/0081058.

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VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
17-Hydroxyprogesterone, HPLC-MS/MS	25-028-120021	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Androstenedione by TMS	25-028-120021	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Testosterone by Mass Spec	25-028-120021	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

Unless otherwise indicated, testing performed at: