

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/3/1990
Gender: Male
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 H (Ref Interval: <=138.00)

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

2.525 ng/mL H (Ref Interval: 0.330-1.340)

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).

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.

Testosterone by Mass Spec

1100 ng/dL H (Ref Interval: 300-1080)

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.

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.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
17-Hydroxyprogesterone, HPLC-MS/MS	23-032-114194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Androstenedione by TMS	23-032-114194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Testosterone by Mass Spec	23-032-114194	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 23-032-114194
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 2/2/2023 1:31:46 PM
4848