

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 11/29/2018
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Congenital Adrenal Hyperplasia Panel, 21-Hydroxylase Deficiency

ARUP test code 2002283

17-Hydroxyprogesterone, HPLC-MS/MS

12700.00 ng/dL H (Ref Interval: <=299.00)

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.

17-Hydroxypregnenolone Quant, MS/MS, Ser

470 ng/dL H (Ref Interval: <=280)

REFERENCE INTERVAL: 17-Hydroxypregnenolone Quant, MS/MS, Ser

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

0.737 ng/mL H (Ref Interval: 0.020-0.210)

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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Dehydroepiandrosterone by TMS

0.866 ng/mL (Ref Interval: <=1.029)

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).

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
17-Hydroxyprogesterone, HPLC-MS/MS	23-004-402441	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
17-Hydroxypregnenolone Quant, MS/MS, Ser	23-004-402441	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Androstenedione by TMS	23-004-402441	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Dehydroepiandrosterone by TMS	23-004-402441	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: