

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/1/1955  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Immunoglobulins, Serum Cryoprecipitins (Reflex for 2002063 CRYGB QNT and 2002403 CRYO TYPING only. NOT orderable by clients.)**

ARUP test code 2002125

Immunoglobulin G, Cryoprecipitate	16 mg/dL	H	(Ref Interval: 0-0)
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.			
Immunoglobulin A, Cryoprecipitate	See Note mg/dL		(Ref Interval: None Detected)
The cryoprecipitate IgA concentration is less than the analyzer sensitivity for this analyte. IgA cryoprecipitate is less than 7 mg/dL.			
Immunoglobulin M, Cryoprecipitate	16 mg/dL	H	(Ref Interval: 0-0)

**Immunofixation Electrophoresis, Serum**

ARUP test code 2012572

Immunofix Electrophoresis Serum	See Note
The cryoglobulin is characterized as a Type II cryoglobulin with monoclonal IgM kappa and polyclonal IgG.	
INTERPRETIVE INFORMATION: Immunofix Electrophoresis, Serum	
This information should be correlated with the results of serum protein electrophoresis, quantitative immunoglobulins and other clinical and laboratory information.	
EER Immunofix Electrophoresis Serum	See Note
Authorized individuals can access the ARUP Enhanced Report using the following link:	
<div></div>	

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

Cryoglobulin, Qualitative with Reflex to IFE Typing and Quantitative IgA, IgG, and IgM

ARUP test code 2002403

Cryoglobulin, Qualitative

POS 24Hour \* (Ref Interval: NEG 72Hour)

Cryoglobulin detected at 24 hrs.

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
Immunoglobulin G, Cryoprecipitate	23-215-122043	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Immunoglobulin A, Cryoprecipitate	23-215-122043	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Immunoglobulin M, Cryoprecipitate	23-215-122043	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Immunofix Electrophoresis Serum	23-215-122043	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cryoglobulin, Qualitative	23-215-122043	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Immunofix Electrophoresis Serum	23-215-122043	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