

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 8/8/1946  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

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

ARUP test code 2002403

Cryoglobulin, Qualitative NEG 72Hour (Ref Interval: NEG 72Hour)

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cryoglobulin, Qualitative	19-212-109208	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