

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/12/2010  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Thyroid Stimulating Hormone Receptor Antibody (TRAb)**

ARUP test code 2002734

TSH Receptor Antibody **22.28 IU/L H** (Ref Interval: <=1.75)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
TSH Receptor Antibody	20-132-107952	5/11/2020 11:34:00 AM	5/11/2020 9:14:59 PM	5/12/2020 12:58:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: