

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

Physician: Doctor, Example

## Patient: Patient, Example

DOB	12/13/1971
Gender:	Female
<b>Patient Identifiers:</b>	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
<b>Collection Date:</b>	00/00/0000 00:00

## **Rheumatoid Factor, Body Fluid**

Rheumatoid Factor, Body Fluid	<10 IU/mL INTERPRETIVE INFORMATION: Rheumatoid Factor, Body Fluid		
	For information on body fluid reference ranges and/or interpretive guidance visit http://aruplab.com/bodyfluids/		
	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.		
Rheumatoid Factor Fluid Source	Pleural fluid RIGHT		

VERIFIED/REPORTED DATES					
Procedure	Accession	Collected	Received	Verified/Reported	
Rheumatoid Factor, Body Fluid	22-210-135982	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00	
Rheumatoid Factor Fluid Source	22-210-135982	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: