

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/20/1980  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Urea Clearance**

ARUP test code 2005207

Hours Collected	24 hr	
Total Volume	3500 mL	
Urine Urea Nitrogen - mg/dL	424 mg/dL	
Urea, Serum	16 mg/dL	(Ref Interval: 7-20)
Urea Clearance	64 mL/min	(Ref Interval: 64-99)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hours Collected	20-097-122060	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Total Volume	20-097-122060	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Urine Urea Nitrogen - mg/dL	20-097-122060	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Urea, Serum	20-097-122060	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Urea Clearance	20-097-122060	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: