

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/13/1989  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Fibrin/Fibrinogen Degradation Split Products, Plasma**

ARUP test code 2006491

Fibrin Degradation Products, Plasma      5 to 20 ug/mL      \*      (Ref Interval: < 5)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Fibrin Degradation Products, Plasma	20-345-151058	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: