

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/1/1988  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Occult Blood, Fecal by Immunoassay**

ARUP test code 2007190

Occult Blood, Fecal Immunoassay Interp

**Positive \***

INTERPRETIVE INFORMATION: Fecal Occult Blood by Immunoassay

No single cutoff provides superior colorectal cancer detection rates. The test manufacturer recommends the use of a 100 ng/mL cutoff that produces a specificity of approximately 95 percent for the detection of lower gastrointestinal bleeding. This test does not detect upper gastrointestinal bleeding.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Occult Blood, Fecal Immunoassay Interp	22-236-120614	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: