

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/3/1998  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Rapid Plasma Reagin (RPR) with Reflex to RPR Titer or T. pallidum Antibody by Particle Agglutination**

ARUP test code 2007443

Rapid Plasma Reagin (RPR) Non Reactive (Ref Interval: Non Reactive)  
Treponema pallidum confirmation testing to follow.

**Treponema pallidum Antibody by TP-PA**

ARUP test code 0050777

Treponema pallidum Ab by TP-PA Non Reactive (Ref Interval: Non Reactive)

VERIFIED/REPORTED DATES

| Procedure                      | Accession     | Collected        | Received         | Verified/Reported |
|--------------------------------|---------------|------------------|------------------|-------------------|
| Rapid Plasma Reagin (RPR)      | 20-346-400950 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00  |
| Treponema pallidum Ab by TP-PA | 20-346-400950 | 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: