

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 3/21/1993  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**FYA Antigen Typing - Patient**

ARUP test code 2007717

FYA Antigen Typing, Patient

Positive

This patient appears to be positive for the Fy(a) (FY1) antigen.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
FYA Antigen Typing, Patient	23-177-152697	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