

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/11/1954  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**LEB Antigen Typing - Patient**

ARUP test code 2007723

LEB Antigen Typing, Patient

Negative

This patient appears to be negative for the Le(b) (LE2) antigen.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
LEB Antigen Typing, Patient	19-186-106762	7/5/2019 10:20:00 AM	7/8/2019 6:26:56 AM	7/8/2019 9:42:00 AM

END OF CHART

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: