

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/5/1959  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Mammaglobin by Immunohistochemistry**

ARUP test code 2010162

Mammaglobin by Immunohistochemistry

See Note

Age and sex dependent reference ranges are printed when available if age and sex are designated. Otherwise, adult values are given.

TESTS-----RESULTS-FLAG-----REF. RANGE-----UNITS

Mammaglobin, IHC without Interpretation

TESTS: Mammaglobin, IHC w/o interp (2)  
Processed Specimen Quantity (2)

CLINICAL DIAGNOSIS/INFORMATION:  
Not provided.

SITE OF BIOPSY/SOURCE:

A) SLIDES - XXXXXXXXXX  
B) SLIDES - XXXXXXXXXX

COMMENTS  
Slide Prep Only - sent to client for interpretation  
Performed By: Quest Chantilly Inc.  
14225 Newbrook Drive  
Chantilly VA 20151

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Mammaglobin by Immunohistochemistry	22-224-400429	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**