

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

Physician: Doctor, Example

**Patient: Patient, Example**

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

**Liver Cytosolic Antigen Type 1 (LC-1) Antibody, IgG**

ARUP test code 2010711

Liver Cytosolic Type 1 IgG **Positive** \* (Ref Interval: Negative)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Liver Cytosolic Type 1 IgG	22-264-105175	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: