

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/30/1982  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Salmonella typhi and paratyphi Antibodies**

ARUP test code 2010798

Salmonella typhi/paratyphi Abs Interp

**Positive \* (Ref Interval: Negative)**

Antibodies to Salmonella typhi (H type D, O type D, and O type Vi) and Salmonella paratyphi (H type a) detected. Crossreactivity with other Salmonella species cannot be excluded.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Salmonella typhi/paratyphi Abs Interp	23-140-401470	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: