

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/31/1985  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Caffeine, Serum or Plasma**

ARUP test code 2011603

Caffeine, Serum or Plasma

**21 ug/mL H (Ref Interval: <=20)**

INTERPRETIVE INFORMATION: Caffeine, Ser/Pla

Toxic concentrations may cause tremor, cardiac abnormalities and seizures.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Caffeine, Serum or Plasma	22-147-119239	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: