

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:** 01/01/2017 12:34

**Gastrin, 2 Minute**

ARUP test code 2012638

Gastrin, 2 Minute 150 pg/mL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Gastrin, 2 Minute	20-043-105630	2/12/2020 10:43:00 AM	2/12/2020 10:44:20 AM	2/12/2020 10:48:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at: