

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/23/1951  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Immature PLT Fraction**

ARUP test code 3000462

Immature Platelet Fraction 10.5 % (Ref Interval: 1.0-11.4)

Performed At: SUGARHOUSE LAB  
1280 EAST STRINGHAM AVE  
SALT LAKE CITY, UT 84106  
Medical Director: LAUREN NICHOLE PEARSON, DO  
CLIA Number: 46D2168405

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Immature Platelet Fraction	22-242-703566	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: