

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 1/2/1960  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Aldosterone Left Adrenal Vein**

ARUP test code 3000485

Aldosterone\_Left Adrenal Vein 641.0 ng/dL

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Aldosterone_Left Adrenal Vein	23-257-117646	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: