

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/12/1967  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Cortisol, Inferior Vena Cava**

ARUP test code 3000501

Cortisol\_Inferior Vena Cava 23.0 ug/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cortisol_Inferior Vena Cava	19-171-400457	6/19/2019 10:40:00 AM	6/21/2019 11:41:45 PM	6/22/2019 4:45:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at: