

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/10/1967  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Cortisol, Left Adrenal Vein**

ARUP test code 3000502

Cortisol\_ Left Adrenal Vein 3.7 ug/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cortisol_ Left Adrenal Vein	19-195-400005	7/12/2019 9:26:00 AM	7/14/2019 2:21:46 AM	7/14/2019 1:45:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: