

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/12/2003  
**Gender:** Unknown  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Ova and Parasite Exam, Body Fluid or Urine**

ARUP test code 3001663

Ova and Parasite, Source Sputum

Ova and Parasite, BF Interpretation **Positive** \* (Ref Interval: Negative)

Specimen positive for:  
Paragonimus westermani

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Ova and Parasite, Source	22-103-111115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ova and Parasite, BF Interpretation	22-103-111115	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: