

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB** 10/9/1960

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD

**Collection Date:** 00/00/0000 00:00

**Troponin T (cTnT) 5th Generation**

ARUP test code 3001831

Troponin T 5th Generation

7 ng/L

(Ref Interval: <=15)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Troponin T 5th Generation	20-224-402680	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