

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/22/2010  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Interleukin 17, Plasma**

ARUP test code 3002626

Interleukin 17, Plasma <1.4 pg/mL (Ref Interval: <=2.2)

INTERPRETIVE INFORMATION: Cytokines  
Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Interleukin 17, Plasma	20-227-400360	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: