

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/9/1967  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Interferon gamma, Plasma**

ARUP test code 3002628

Interferon gamma, Plasma

**13.0 pg/mL H (Ref Interval: <=10.4)**

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

This test was developed and its performance characteristics  
determined by ARUP Laboratories. It has not been cleared or  
approved by the US Food and Drug Administration. This test was  
performed in a CLIA certified laboratory and is intended for  
clinical purposes.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Interferon gamma, Plasma	23-199-402734	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: