

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/15/2021  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Pancreatic Elastase, Fecal by Immunoassay**

ARUP test code 3002858

Pancreatic Elastase, Fecal

**<10 ug/g L (Ref Interval: >=100)**

REFERENCE INTERVAL: Pancreatic Elastase Fecal by Immunoassay  
Less than 100 ug/g.....Severe insufficiency  
100 - 199 ug/g.....Moderate insufficiency  
200 ug/g or greater.....Normal

INTERPRETIVE INFORMATION: Pancreatic Elastase Fecal by Immunoassay  
Reference intervals do not apply for infants less than one month old.

VERIFIED/REPORTED DATES

| Procedure                  | Accession     | Collected        | Received         | Verified/Reported |
|----------------------------|---------------|------------------|------------------|-------------------|
| Pancreatic Elastase, Fecal | 22-101-107299 | 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: