

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/1/2000  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Ganglionic Acetylcholine Receptor Antibody**

ARUP test code 3003020

Ganglionic Acetylcholine Receptor Ab 8.4 pmol/L (Ref Interval: 0.0-8.4)  
REFERENCE INTERVAL: Ganglionic Acetylcholine Receptor Ab  
Negative . . . . . 0.0-8.4 pmol/L  
Indeterminate. . . . . 8.5-11.6 pmol/L  
Positive . . . . . 11.7 pmol/L or greater  
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Ganglionic Acetylcholine Receptor Ab	20-321-109634	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: