

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/31/1985  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**CSF, Total Protein**

ARUP test code 3016604

CSF, Total Protein 44 mg/dL (Ref Interval: 15-45)

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
CSF, Total Protein	23-235-114273	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: