

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

Physician: Doctor, Example

Patient: Patient, Example

| DOB | 8/22/2015 |
|-----------------------------|-------------------------|
| Gender: | Male |
| Patient Identifiers: | 01234567890ABCD, 012345 |
| Visit Number (FIN): | 01234567890ABCD |
| Collection Date: | 00/00/0000 00:00 |

Hemoglobin S Evaluation with Reflex to RBC Solubility

ARUP test code 3016616

| Hemoglobin S Evaluation | Positive | * | (Ref Interval: Negative) |
|-------------------------|--|---|--|
| | Hb, S % = 51.00 | | |
| | INTERPRETIVE INF | ORMATION: He | moglobin S Evaluation |
| | not performed. Positive: Positi solubility testi Conf Previous: P | ve for Hemog ng. Addition ositive for | lobin S by HPLC. Solubility testing lobin S by HPLC and confirmed by al charges apply. Hemoglobin S by HPLC. Solubility and not repeated with this |
| | homozygous sickl such as: S/C, S/ and C-Georgetown Hemoglobin Evalu | e cell disea D, S/G, S/E, trait (Hb C ation with R | iate hemoglobin S trait from se or other possible combinations S/thalassemia, S/O-Arab, S/New York -Harlem). For further clarification, eflex to Electrophoresis and/or RBC 050610) is recommended. |

| VERIFIED/REPORTED DATES | | | | | | |
|-------------------------|---------------|------------------|------------------|-------------------|--|--|
| Procedure | Accession | Collected | Received | Verified/Reported | | |
| Hemoglobin S Evaluation | 23-248-103637 | 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: