

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: Unknown
Gender: Unknown
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Cortisol by LC-MS/MS, Salivary

ARUP test code 3016866

Cortisol, Saliva

15.000 ug/dL
Reference Intervals: Cortisol, Saliva
7 a.m. to 9 a.m.: 0.1-0.75 ug/dL
3 p.m. to 5 p.m.: <0.401 ug/dL
11 p.m. to midnight: <0.1 ug/dL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cortisol, Saliva	24-025-107103	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: