

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** 5/23/1993 **Gender:** Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## **RBC** Antibody ID Prenatal - Reflex to Titer

ARUP test code 3017611

ABORh O Negative

This patient has previously tested as Weak D Rh negative (RH:-1). Weak D testing was not performed on this sample.

Direct Coombs Negative (Ref Interval: Negative)

**Antibody Identification** 

No red cell antibody reactivity was apparent in this patient's serum using routine LISS, PEG, and solid phase test methods.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
ABORh	24-177-402130	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Direct Coombs	24-177-402130	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antibody Identification	24-177-402130	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

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