

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/26/1966  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Amikacin Level, Random, Serum**

ARUP test code 3018754

Amikacin Level, Random 30.0 mcg/mL

-----REFERENCE VALUE-----  
Peak: 20.0 - 35.0  
Trough: <8.0

Test Performed by:  
Mayo Clinic Laboratories - Rochester Main Campus  
200 First Street SW, Rochester, MN 55905  
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Amikacin Level, Random	25-021-103801	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: