

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/26/1970  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Vancomycin Level, Trough, Serum**

ARUP test code 3018758

Vancomycin Level, Trough 10.0 mcg/mL (Ref Interval: 10.0 - 20.0)

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
Vancomycin Level, Trough	25-021-106639	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: