

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

**COMMENTS:**      FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
SJOGREN'S ANTIBODIES (SS-A,SS-B)				
SJOGREN'S ANTIBODY (SS-A)	<1.0 NEG		<1.0 NEG AI	
SJOGREN'S ANTIBODY (SS-B)	<1.0 NEG		<1.0 NEG AI	

**PERFORMING SITE:**