

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS:

Immunology			
Test Name	Result	Reference Range	Lab
CENTROMERE B ANTIBODY	<1.0 NEG	<1.0 NEG AI	
Physician Comments:			

PERFORMING SITE: