



Patient Report

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Alternate Control Number:
Total Volume:

Alternate Patient ID: Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Antihistone Antibodies						
Anti-histone Abs	0.4		Units	0.0 - 0.9		
			Negative	<1.0		
			Weak Positive	1.0 - 1.5		
			Moderate Positive	1.6 - 2.5		
			Strong Positive	>2.5		

Date Issued:

FINAL REPORT

Page 1 of 1

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