

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

COMMENTS:

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|-----------------|----------|--------------|-----------------|-----|
| HLA-B27 ANTIGEN | NEGATIVE | | NEGATIVE | |

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943

Walk-In Lab