

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

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