<b>LabCorp</b>			Patien	Repor			
pecimen ID: ontrol ID:		Acct #: Walk-In Lab, LLC VART verified	Phone: (800) 539-6119	Rte: 00			
Patient Details	Specimen Details	Physician Details					
General Comments & Additional Informati Iternate Control Number: Iotal Volume: Not Provided	on	Alternate Patient II No	D: Fasting:				
Ordered Items NA Comprehensive Panel							
TESTS	RESULT FI	LAG UNITS H	REFERENCE INTERVA	L LAB			
NA Comprehensive Panel							
Anti-DNA (DS) Ab Qn	6	Equi	0-9 ative <5 lvocal 5 - 9 ltive >9	01			
RNP Antibodies	0.2	AI	0.0-0.9	01			
Smith Antibodies Antiscleroderma-70 Antibodi		AI	0.0-0.9	01			
	<0.2	AI	0.0-0.9	01			
Sjogren's Anti-SS-A	<0.2	AI	0.0-0.9	01			
Sjogren's Anti-SS-B	<0.2	AI	0.0-0.9	01			
Antichromatin Antibodies Anti-Jo-1	<0.2	AI AI	0.0-0.9 0.0-0.9	01 01			
Anti-Centromere B Antibodie See below:		AI	0.0-0.9	01			
Autoantibody	Dis	sease Association	1	01			
	Condition	Fre	equency				
Antinuclear Antibody, Direct (ANA-D)	SLE, mixed co tissue diseas	ses					
dsDNA	SLE	4 (	) – 60%				
Chromatin	Drug induced SLE	SLE	90% 3 - 97%				
SSA (Ro)	SLE Sjogren's Syr Neonatal Lupu	ndrome 40	5 - 35% ) - 70% 100%				
SSB (La)	SLE Sjogren's Syr	ndrome	10% 30%				

Date Issued:

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## LabCorp

## PatientReport

atient: OB:	Patient ID:	Control ID:					Specimen I Date collecte	
	TESTS	RESULT	FLAG	UNITS	REF	ERENCE	INTERVAL	LAB
	RNP (U1 nRNP, anti-ribonucleoprotein)	Mixed Connective Tissue Disease SLE Polymyositis and/or Dermatomyositis		30 -	95% 50% 20%			
	Scl-70 (antiDNA topoisomerase)	Scleroderm Crest	a (diffuse	e)	20 -	35% 13%		
	Jo-1	Polymyosit Dermatomyo			20 -	40%		
	Centromere B	Scleroderm variant	a – Crest			80%		

For inquiries, the physician may contact Branch: 504-828-2666 Lab: 713-856-8288

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