



Patient Information	Specimen Information	Client Information
DOB: Gender: Phone: Patient ID: Health ID:	AGE: Fasting: Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	Client #: 97508815 0000000

COMMENTS: FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
21 HYDROXYLASE ANTIBODY	NEGATIVE		NEGATIVE	

PERFORMING SITE: