

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****Clinical Info:****Ordered Items**

AChR Blocking Abs, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
AChR Blocking Abs, Serum ^A	22		%	0 - 25		01
			Negative:	0 - 25		
			Borderline:	26 - 30		
			Positive:	>30		

Comments:

^A Results of this test are labeled for research purposes only by the assay's manufacturer. The performance characteristics of this assay have not been established by the manufacturer. The result should not be used for treatment or for diagnostic purposes without confirmation of the diagnosis by another medically established diagnostic product or procedure. The performance characteristics were determined by LabCorp.