

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:



**Patient Details**

DOB:  
Age(y/m/d):  
Gender: SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

**Clinical Info:**

**Ordered Items**

AChR Modulating Antibodies

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>AChR Modulating Antibodies</b>					
AChR Modulating Ab	<12		%	0 - 20	01
			Negative:	<21	
			Equivocal:	21 - 25	
			Positive:	>25	

The assay is linear between values of 12 and 64. Those <12 and >64 are reported as such. No single value for ACR-modulating antibody should be used as a sole basis for diagnosis or response to therapy.