DOB: **Patient Report** 

Ordering Physician:

Specimen ID: Sex:

Patient ID: Age:



## Ordered Items: AChR Binding Abs, Serum; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

# **AChR Binding Abs, Serum**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
AChR Binding Abs, Serum 01	0.04		nmol/L	0.00-0.24
		Negative:	0.00 - 0.24	
		Borderline	: 0.25 - 0.40	
		Positive:	>0.40	

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient

## **Icon Legend**

### **Performing Labs**

Patient Details Physician Details

Request A Test, LTD. Phone:

7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Date of Birth: Age:

Phone: 888-732-2348 Sex: Patient ID: Account Number: Alternate Patient ID: Physician ID:

NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

labcorp Final Report Page 1 of 1