

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **ACHR Blocking Abs, Serum**

Date Collected:	Date Received:	Date Reported:	Fasting:
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ACHR Blocking Abs, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
ACHR Blocking Abs, Serum ⁰¹	20		%	0-25
		Negative:	0 - 25	
		Borderline:	26 - 30	
		Positive:	>30	