



Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b>  Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
SM/RNP ANTIBODY	<1.0 NEG		<1.0 NEG AI	