

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
DNA (DS) ANTIBODY	1		IU/mL	EN
	IU/mL	Interpretation		
	< or = 4	Negative		
	5-9	Indeterminate		
	> or = 10	Positive		