

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Anticardiolip Ab, IgA/G/M, Qn; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Anticardiolip Ab, IgA/G/M, Qn

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Anticardiolipin Ab,IgG,Qn <sup>02</sup>	<9	Negative: Indeterminate: Low-Med Positive: High Positive:	GPL U/mL <15 15 - 20 >20 - 80 >80	0-14
Anticardiolipin Ab,IgM,Qn <sup>02</sup>	<9	Negative: Indeterminate: Low-Med Positive: High Positive:	MPL U/mL <13 13 - 20 >20 - 80 >80	0-12
Anticardiolipin Ab,IgA,Qn <sup>02</sup>	<9	Negative: Indeterminate: Low-Med Positive: High Positive:	APL U/mL <12 12 - 20 >20 - 80 >80	0-11

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  
▲ Out of reference range    ■ Critical or Alert

Performing Labs

Patient Details	Physician Details	Specimen Details
Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID:	<b>Request A Test, LTD.</b> <b>7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141</b>  Phone: <b>888-732-2348</b> Account Number: Physician ID: NPI:	Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: