

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered					
Anticardiolip Ab, IgA/G/M, Qn					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Anticardiolip Ab, IgA/G/M, Qn</b>					
Anticardiolipin Ab, IgG, Qn	10		GPL U/mL	0 - 14	01
			Negative:	<15	
			Indeterminate:	15 - 20	
			Low-Med Positive:	>20 - 80	
			High Positive:	>80	
Anticardiolipin Ab, IgM, Qn	10		MPL U/mL	0 - 12	01
			Negative:	<13	
			Indeterminate:	13 - 20	
			Low-Med Positive:	>20 - 80	
			High Positive:	>80	
Anticardiolipin Ab, IgA, Qn	10		APL U/mL	0 - 11	01
			Negative:	<12	
			Indeterminate:	12 - 20	
			Low-Med Positive:	>20 - 80	
			High Positive:	>80	

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