



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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
ANTI-STREPTOLYSIN O	<50		<200 IU/mL	

PERFORMING SITE: