DOB:

<10.0

Patient Report

Account Number: 34050260

Ordering Physician:

IU/mL

labcorp

<14.0

Patient ID: Specimen ID: Age:

Ordered Items: Rheumatoid Factor (RF); HLA B 27 Disease Association; Sedimentation Rate-Westergren; C-Reactive Protein, Quant; **Blood Drawing**

Date Collected:	Date Received:	Date Reported:	Fasting:	
Rheumatoid Factor (RF)				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval

HLA B 27 Disease Association

Rheumatoid Factor (RF) 01

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval	
HLA-B27 ⁰²	Negative				
	HLA-B*27 Negative				
	B27 allele interpretation fo	r all loci based on IMGT/HLA			
	database version 3.44				
	This test was developed and its performance characteristics				
	determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.				
	HLA Lab CLIA ID Number 34D09	54530			
	This test was performed usin	g PCR (Polymerase Chain React	ion)/SSOP		
	(Sequence Specific Oligonucl	eotide Probes) technique. SB	T (Sequence		
	Based Typing) and/or SSP (Se	quence Specific Primers) may	be used as		
	supplemental methods when ne	cessary. Please contact HLA	Customer		
	Service at 1-800-533-1037 if you have any questions.				
	Director of HLA Laboratory				
	Dr George C Maha, PhD				

Sedimentation Rate-Westergren

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sedimentation				
Rate-Westergren ⁰¹	2		mm/hr	0-32

C-Reactive Protein, Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant 01	3		mg/L	0-10

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

Performing Labs

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Patient Report DOB:

Account Number: 34050260

Ordering Physician:

Physician Details **Patient Details**

Patient ID:

Specimen ID:

Phone:

Age:

Sex:

Date of Birth:

Patient ID:

Alternate Patient ID:

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH,

44141

Age:

Sex:

Physician ID: NPI:

Phone: 888-732-2348

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

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Date Collected: Date Received: Date Entered: Date Reported:

Rte:

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