



Patient Information		Specimen Information		Client Information	
<b>DOB:</b> <b>AGE:</b> Gender: Patient ID: Health ID:		Specimen: Collected: Received: Reported:			
Immunology					
Test Name		Result	Reference Range		Lab
CENTROMERE B ANTIBODY		<1.0 NEG	<1.0 NEG AI		EN
Physician Comments:					