



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

Test Name	In Range	Out Of Range	Reference Range	Lab
ENDOMYSIAL ANTIBODY SCR (IGA) W/REFL TO TITER	NEGATIVE		NEGATIVE	

PERFORMING SITE: