



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

**COMMENTS:**      FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
IMMUNOGLOBULIN G				
SUBCLASSES PANEL				
IMMUNOGLOBULIN G				
SUBCLASS 1	433		382-929 mg/dL	
IMMUNOGLOBULIN G				
SUBCLASS 2	336		241-700 mg/dL	
IMMUNOGLOBULIN G				
SUBCLASS 3	54		22-178 mg/dL	
IMMUNOGLOBULIN G				
SUBCLASS 4	19.1		4.0-86.0 mg/dL	
IMMUNOGLOBULIN G, SERUM	889		600-1640 mg/dL	

**PERFORMING SITE:**