

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:



**Patient Details**

DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Antimyeloperoxidase (MPO) Abs

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antimyeloperoxidase (MPO) Abs	8.0		U/mL	0.0 - 9.0	01