



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

**COMMENTS:**      **FASTING:**

Immunology			
Test Name	Result	Reference Range	Lab
SCL-70 ANTIBODY	<1.0 NEG	<1.0 NEG AI	NL1
Physician Comments:			