



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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
SJOGREN'S ANTIBODY (SS-A)	<1.0 NEG		<1.0 NEG AI	

PERFORMING SITE: