

DOB:

**Patient Report**

Patient ID:

Age:

Account Number:

Specimen ID:

Sex:

Ordering Physician:

Ordered Items: **Sjogren's Ab, Anti-SS-A/-SS-B; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting: **No****Sjogren's Ab, Anti-SS-A/-SS-B**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sjogren's Anti-SS-A <sup>01</sup>	<0.2		AI	0.0-0.9
Sjogren's Anti-SS-B <sup>01</sup>	<0.2		AI	0.0-0.9

**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

**Icon Legend**

▲ Out of reference range    ■ Critical or Alert

**Performing Labs**

01: PDLCA - LabCorp Phoenix 5005 S 40th Street Ste 1200, Phoenix, AZ, 85040-2969 Dir: Earle Collum, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-788-9743

**Patient Details**

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

**Physician Details**

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**  
Phone:  
Account Number:  
Physician ID:  
NPI:

**Specimen Details**

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: