

Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

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CLIENT INFORMATION



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SPECIMEN INFORMATION

SPECIMEN:

REQUISITION:

LAB REF NO:

DOB:

AGE:

GENDER:

FASTING:

Clinical Info:

COLLECTED:

RECEIVED:

REPORTED:

Test Name	Result	Flag	Reference Range	Lab
FASTING:NO				
ANTI-STREPTOLYSIN O				
ANTI-STREPTOLYSIN O	103		< OR = 200 IU/mL	01

Performing Laboratory Information: