

# Sample results. Actual results may vary.

## PATIENT INFORMATION

REPORT STATUS: FINAL

ORDERING PHYSICIAN

## CLIENT INFORMATION



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## SPECIMEN INFORMATION

SPECIMEN:

REQUISITION:

LAB REF NO:

COLLECTED:

RECEIVED:

REPORTED:

DOB:

AGE:

GENDER:

FASTING:

Clinical Info:

Test Name	Result	Flag	Reference Range	Lab
SED RATE BY MODIFIED WESTERGREN				
SED RATE BY MODIFIED WESTERGREN	1		< OR = 20 mm/h	02

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