

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: UNKNOWN				
RHEUMATOID ARTHRITIS DIAGNOSTIC PANEL, COMPREHENSIVE				
RHEUMATOID FACTOR (IGG)	<5		<=6 U	01
RHEUMATOID FACTOR (IGA)	<5		<=6 U	01
RHEUMATOID FACTOR (IGM)	<5		<=6 U	01
CYCLIC CITRULLINATED PEPTIDE CCP AB	<16		<20 Units	01
Negative:	<20			
Weak Positive:	20 - 39			
Moderate Positive:	40 - 59			
Strong Positive:	>59			
SJOGREN'S ANTIBODY (SS-A)	<1.0		<1.0 AI	01
SJOGREN'S ANTIBODY (SS-B)	<1.0		<1.0 AI	01

Performing Laboratory Information:

