

Your Laboratory Address Line 1 Your Laboratory Address Line 1

Contact #: +0123987456

Website: www.labtestsguide.com

10-Mar-2021

Patient #: 

101 - 108300039

Case #: 

0163 - 03 - 21

**Patient Name: Patient Name** Age/Sex: 55 Years /Male Telephone: +123456987 Address:

Referred By:

**Patient Address** 

**Patient Referred from** 

**Reporting Date:** 12-Mar-2021 Specimen: Brought to the Lab

163 Lab No:

Const-

**Receipt Date:** 

## SPECIAL CHEMISTRY REPORT

TEST NAME	Normal Ranges UNIT	RESULT	RESULT
Anti-Centromere Ab		11-Mar-2021	19-Mar-2021
	Negative: <20.0 Borderline: 21.0 - 30.0	38.4	24.2
	Positive: > 30.0		

Electronically Verified Report, No Signature(s) Required.

Not valid For any Hon'able Court.

Parhologist 1 **Pathologist Designation Pathologist Qualification** 

Parhologist 2 **Pathologist Designation Pathologist Qualification**  Parhologist 3 **Pathologist Designation** Pathologist Qualification

Parhologist 4 **Pathologist Designation** Pathologist Qualification