Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
ANTIPHOSPHOLIPIDS ANTIBODIES IgG & IgM
TEST NAME VALUE UNIT REF. RANGE
Anti-Phospholipids Antibodies IgG By ELISA 3.0 U/mL Negative : <12
Equivocal : 12-18
Positive : >18
Anti-Phospholipids Antibodies IgM By ELISA 5.12 U/mL Negative : <12
Equivocal : 12-18
Positive : >18
NOTE : This test was processed at third party lab.
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