Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNIT REFERENCE RANGE
SSB-Antibody LaSerum Negative (1.1) RU/mL Negative : <20
Positive : >=20
SSA-Antibody RoSerum Negative (0.4) RU/mL Negative : <15
Borderline : 15-25
Positive : >25
Anti LA Anti RO\*
NOTE : This test was processed at third party lab.
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