Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
IMMUNOASSAY
Investigation Observed Value Unit Biological Ref. Interval
IgG4 Sub class(Serum, Nephelometry) 0.50 g/L 0.03-2.0
NOTE : This test was processed at third party lab.
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