



Autoimmune

Patient ID: ____ - ____ - ____

Test 1 = ASMA 2 = ANA 3 = ALKM 4 = pANCA 5 = A-SLA 6 = IgG quant	Date of Sample <i>(mm/dd/yy)</i>	Time of Sample <i>(24 hr.)</i>	Result 0 = Negative 1 = Positive 2 = Not Definitive	Result	System ID
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done
	___ / ___ / ___ <input type="checkbox"/> Unknown	____:____ <input type="checkbox"/> Unknown		_____ <input type="checkbox"/> Titer <input type="checkbox"/> IU or units <input type="checkbox"/> mg/dL	<input type="checkbox"/> Not Done