

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

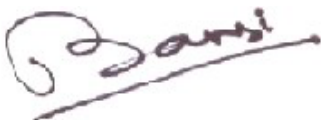
Test Name	Serology Special Result	Unit	Bio Ref Interval
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Myositis LIA, 16 Antigen*

Mi-2α	Negative
Mi-2 β	Negative
TIFly	Negative
MDA5	Negative
NXP2	Negative
SAE1	Negative
PM-SCL100	Positive (+++)
PM-Scl 75	Positive (+++)
Ku..	Negative
Jo - 1	Negative
SRP	Negative
EJ	Negative
OJ	Negative
Ro-52	Positive (+++)
PL-7.	Negative
PL-12.	Negative

Kindly correlate with clinical findings

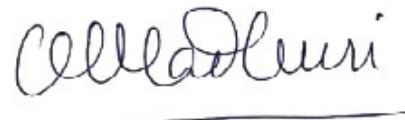
*** End Of Report ***



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