



Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Test Name	Serology Special	Result	Unit	Bio Ref Interval
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GAD65, IgG *, Serum

CLIA				
GAD, IgG		113.2	IU/mL	0.0 - 17.0
CLIA				

Kindly correlate with clinical findings

*** End Of Report ***

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