

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

EXAMPLE, REPORT W WX0000003826 F 12/05/1988 34 Y

	Referral	_	ceived: 09/27/2023	11:30
Test Name	Result	Flag Ref-Ranges	Units	Site
Early Siggron's Syndroma Brofile				
Early Sjogren's Syndrome Profile Salivary Protein 1 Ab, IgG	3.7		EU/mL	QCR
Reference Range:				
Negative: <20 EU/ml Borderline: 20-25 EU/ml Positive: >25 EU/ml				
Salivary Protein 1 Ab, IgA	2.7		EU/mL	QCRI
Reference Range:				
Negative: <20 EU/ml Borderline: 20-25 EU/ml Positive: >25 EU/ml				
Salivary Protein 1 Ab, IgM	8.1		EU/mL	QCRI
Reference Range:				
Negative: <20 EU/ml Borderline: 20-25 EU/ml Positive: >25 EU/ml				
Carbonic Anhyd VI Ab, IgG	6.5		EU/mL	QCRI
Reference Range:				
Negative: <20 EU/ml Borderline: 20-25 EU/ml Positive: >25 EU/ml				
Carbonic Anhyd VI Ab, IgA	12.2		EU/mL	QCRI
Reference Range:				
Negative: <20 EU/ml Borderline: 20-25 EU/ml Positive: >25 EU/ml				
Carbonic Anhyd VI Ab, IgM	14.7		EU/mL	QCR

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

F327000023	Ordered By:	KAJAL SITWALA, MD, PhD
WX000003826	WX00000000	002353
Printed D&T: 09/27/23 11:30		



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		Referral	Testing cted: 09/27/2023	11.30	Received	09/27/2023	11:30
Test Name		Result					Site
Reference Ran	ge:	Result	Flag	Ref-Ranges	2	<u>Units</u>	<u>- 311</u>
Negative: Borderline: Positive:	<20 EU/ml 20-25 EU/ml >25 EU/ml						
Parotid Spec Prot Ab, IgG		3.7				EU/mL	QCF
Reference Ran	ge:						
Negative: Borderline: Positive:	<20 EU/ml 20-25 EU/ml >25 EU/ml						
Parotid Spec Prot Ab, IgA		8.2				EU/mL	QCF
Reference Ran	ge:						
Negative: Borderline: Positive:	<20 EU/ml 20-25 EU/ml >25 EU/ml						
Parotid Spec Prot Ab, IgM		5.2				EU/mL	QCF
Reference Ran	ge:						
Negative: Borderline: Positive:	<20 EU/ml 20-25 EU/ml >25 EU/ml						
Serology Comments		SEE NOTE					QCF
anhydrase 6 (be present in with the dise in the course antibodies we who lacked an idiopathic xe antibodies to La. Antibodie identifying p	ibodies salivar CA VI) and paro animal models ase. The antibo of the disease re found in 45% tibodies to Ro rostomia and xe SP-1 and/or CA s to SP-1, CA V atients with SS ibodies to eith	tid secretory for Sjogren's dies SP-1, CA than antibodi of patients m or La. Further rophthalmia fo VI while only I and PSP may at early stag	protein (PSP) syndrome (SS) VI and PSP of es to Ro or 1 eeting the co more, in pat: r less than 2 31% had ant: be useful man es of the dis	have sho and pati ccurred ea La. These riteria fo ients with 2 years, 7 ibodies to rkers for sease or t	ents rlier or SS 6% had Ro or		

antibodies to SP-1, CA VI and PSP should be correlated with clinical (dry mouth, dry eyes), serological (Ro, La, ANA, RF) and histological

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	Referral Testing		
	Collected: 09/27/2023 11:30 Received:	09/27/2023	11:30
<u>Test Name</u>	ResultFlagRef-Ranges(positive lymphocytic focus scores) findings in establishing a definitive diagnosis for SS.	<u>Units</u>	<u>Site</u>
	Shen, L. et al. (2010). A role of lymphotxin in primary sjogren's syndrome. J Immunol; 185: 6355-6363.		
	Shen, L. et al. (2012). Novel autoantibodies in Sjogren's syndrome. Clinical Immunology;145, 251-255.		
	*This test has been developed and performance parameters have been validated by IMMCO Diagnostics, Inc. This test has not been approved by the U.S. Food and Drug Administration (FDA); however, US FDA approval is not required for clinical use. It is not intended that clinical diagnosis and patient management decisions be made using these results alone. This test has been validated using serum samples. The manufacturer has not determined the efficacy of this test when performed on CSF, plasma, joint or pleural fluid specimens. The performance characteristics of this test were determined by IMMCO Diagnostics, Inc. Test Performed at: IMMCO Diagnostics 10 Earhart Dr., Suite 100 Williamsville, NY 14221-7629 T C Shanahan PhD, MS		

Performing Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

Reported Date: 2023.09.27 11:30 ESJO

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