

ANA (Antinuclear Antibody) Test

Patient Information	
Full Name:	
Age:	
Gender:	
Date of Birth:	
Contact Number:	
Medical History & Related Questions	
Have you been diagnosed with any autoimmune disorders?	
If yes, specify:	
Any family history of autoimmune disorders?	
List any medications currently being taken:	
Have you had any recent infections or illnesses?	
Tests	
Blood Sample Taken:	
Date of Sample Collection:	
Findings	
ANA Titer Level:	(Normal Range: 1:40 to 1:60)
ANA Pattern Observed:	<input type="checkbox"/> Homogeneous <input type="checkbox"/> Speckled <input type="checkbox"/> Nucleolar <input type="checkbox"/> Centromere

Interpretation	
Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Comments:	
Overall Interpretation	