

Smooth Muscle Antibody (SMA) Test

Patient Information:

Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Email:	

Medical History & Related Questions:

Question	Response
Previous diagnosis of liver disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any family history of autoimmune diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current medications (if any)?	
Known allergies?	
Recent symptoms (fatigue, jaundice, abdominal pain)	

SMA Test:

Test Component	Result	Reference Range
SMA IgG		0 - 20 U/mL
Other relevant tests (if any):		

Findings:

Basis of Findings	Details
Antibody levels	
Comparison with normal ranges	
Consistency with symptoms	

Interpretation:

Preliminary Diagnosis:	
Recommended Follow-up:	
Additional Notes:	

Overall Interpretation:

Doctor's Signature: 

Name:

Date: