

# 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:**

<b>Basis of Findings</b>	<b>Details</b>
Antibody levels	
Comparison with normal ranges	
Consistency with symptoms	

**Interpretation:**

Preliminary Diagnosis:	
Recommended Follow-up:	
Additional Notes:	

**Overall Interpretation:**

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Doctor's Signature:

Name:

Date: