**ACCESSION #:**
**REQUISITION #:**
**SAMPLE TYPE:** Serum
**DOCTOR / PATIENT ID:**
**PAGES:** 1 of 1

**DATE COLLECTED:**
**DATE RECEIVED:**
**DATE OF REPORT:**

PRACTITIONER

PATIENT

| TEST | RESULT | | | |
|---|---|---|---|---|
| **Array 20 - Blood Brain Barrier Permeability Screen** | **IN RANGE (Normal)** | **EQUIVOCAL*** | **OUT OF RANGE** | **REFERENCE** (ELISA Index) |
| Blood Brain Barrier Protein IgG+IgA | | | 2.53 | 0.3-2.2 |
| Blood Brain Barrier Protein IgM | | 1.75 | | 0.3-2.2 |