

**In-Common Laboratories**  
 Head Office: 57 Gervais Drive  
 North York, Ontario M3C 1Z2  
 (416) 422-3000  
 Toll Free: (888) 285-7817  
 www.ICLabs.ca

Patient Name  
**TEST, SAMPLE**

Sex  
**U**

Date of Birth (mm/dd/yyyy)  
**MM/DD/YYYY**

Order ID  
**1234567890**

**Client File No:**

**Report Copied To:**

Client Name  
 Client Address 1  
 Client Address 2 City, Province,  
 Postal Code,  
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Health Number  
**XXXXXXXXXXJP**

Report Printed  
**02/21/2024 4:46PM**

ICL Login Date (mm/dd/yyyy)  
**MM/DD/YYYY HH:MM AM**

Authorized Requester  
**Doctor, ICL, MD**

**Myasthenia Gravis Panel (Anti-AChR and MuSK),  
 Serum/Plasma**

Sample ID:

Status MM/DD/YYYY HH:MM AM

Collection Date/Time (mm/dd/yyyy)  
 MM/DD/YYYY HH:MM AM

Order Choice Serum or Plasma  
 Comments:

TEST	RESULT	FLAG	NORMAL/THERAPEUTIC RANGE	UNITS	TEST SITE
Anti-AChR-E CBA, Serum	Negative		Negative		LON
Anti-AChR-G CBA, Serum	Negative		Negative		LON
Anti-MuSK CBA, Serum	Negative		Negative		LON
ACHRMUSK Antibody Result	See Below				LON

Myasthenia Gravis Panel (Anti-AChR and Anti-MuSK) Negative.

For inquiries please contact [REDACTED] at [REDACTED]

**Reporting Laboratories:**

(1) LON-London, London Health Sciences Centre, 339 Windermere Road, London, ON N6A 5A5,

Patient Complete Name:

Order ID

Current Page Number: 1

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