

**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:**

Client Name  
 Client Address 1  
 Client Address 2  
 City, Province, Postal Code,  
 Country

Health Number  
**XXXXXXXXXXJP**

Report Printed  
**12/08/2023 12:31PM EST**

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

Authorized Requester  
**DOCTOR, ICL, MD**

**IgLON5 Antibodies, Serum**

Sample ID: LON231114004

Final - Received 11/15/2023 11:30AM EST

Collection Date/Time (mm/dd/yyyy)  
 11/14/2023 10:47AM EST

Order Choice Serum  
 Comments:

TEST	RESULT	FLAG	NORMAL/THERAPEUTIC RANGE	UNITS	TEST SITE
Anti-IgLON5,S	<b>Positive</b>	<b>AA</b>	Negative		LON

**Reporting Laboratories:**

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

Patient Complete Name:

Order ID

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