DOB:

Patient Report

Patient ID: Specimen ID:

Age: Sex: Ordering Physician:



Date Collected: Date Received: Date Reported: Fasting:

Ordered Items: RPR, Rfx Qn RPR/Confirm TP; HIV Ab/p24 Ag with Reflex; HCV Antibody; HTLV-I/II Antibodies, Qual; HBsAg Screen; **Blood Drawing**

Date Collected:

RPR, Rfx Qn RPR/Confirm TP

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
RPR ⁰¹	Non Reactive			Non Reactive

HIV Ab/p24 Ag with Reflex

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HIV A	Non Reactive HIV-1/HIV-2 antibodies and H There is no laboratory evider HIV Negative		tected.	Non Reactive

HCV Antibody

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep C Virus Ab 01	Non Reactive			Non Reactive
	HCV antibody alone does not differentiate between previously resolved infection and active infection. Equivocal and Reactive HCV antibody results should be followed up with an HCV RNA test to support the diagnosis of active HCV infection.			

^{*} Previous Reference Interval: (Hep C Virus Ab: 0.0-0.9 s/co s/co ratio)

HTLV-I/II Antibodies, Qual

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HTLV-I/II Antibodies, Qual 02	Negative			Negative
HBsAg Screen				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HBsAg Screen 01	Negative			Negative

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

Performing Labs

labcorp Final Report Page 1 of 2 DOB: Patient Report

Patient ID: Specimen ID: Age: Ordering Physician: Sex:

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Patient Details

Phone:

Age:

Sex: Patient ID:

Date of Birth:

Alternate Patient ID:

Physician Details

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: **440-717-0440**Physician ID:

NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number: Date Collected:

Date Received: Date Entered: Date Reported:

labcorp Final Report Page 2 of 2