



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
EBV EARLY ANTIGEN D AB (IGG)	<9.00		U/mL	
			U/mL	Interpretation
			<9.00	Negative
			9.00-10.99	Equivocal
			>10.99	Positive

PERFORMING SITE: