

Patient ID: Specimen ID:

DOB:

Age:

Sex:

Account Number: **34050260**

Ordering Physician:

Ordered Items: EBV Early Antigen Ab, IgG; Venipuncture

Date Collected:

Date Received:

Date Reported:

Fasting:

EBV Early Antigen Ab, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
EBV Early Antigen Ab, IgG ⁰¹	<9.0		U/mL	0.0-8.9
		Negative	< 9.0	
		Equivocal	9.0 - 10.9	
		Positive	>10.9	

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient

Icon Legend

▲ Out of reference range ■ Critical or Alert

Performing Labs**PatientDetails**

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Phone:
Account Number:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: