DOB:

## **Patient Report**

Provious Posult and Date

labcorp

Poforonco Interval

Patient ID: Specimen ID:

Age: Sex:

Current Popult and Flag

Ordering Physician:

Ordered Items: Haemophilus influenzae B IgG; Venipuncture

Date Reported: Date Collected: Date Received: Fasting:

## Haemophilus influenzae B IgG

Current Result and Flag	Previous Result and Date	Units	Reference Interva
3.79		ug/mL	
minimum level for protection	n. Optimal protection post-vac		
0.18	IU/mL		
0.19		IU/mL	
0.07		IU/mL	
>10.00		IU/mL	
	3.79  NOTE: An anti-Hib level of of minimum level for protection requires a level greater that 0.18  0.19  0.07	3.79  NOTE: An anti-Hib level of 0.15 ug/mL is generally accept minimum level for protection. Optimal protection post-vac requires a level greater than 1.00 ug/mL.  0.18  0.19  0.07	NOTE: An anti-Hib level of 0.15 ug/mL is generally accepted as the minimum level for protection. Optimal protection post-vaccination requires a level greater than 1.00 ug/mL.  0.18 IU/mL  0.19 IU/mL

Chemiluminescence immunoassay methodology

**Current Result and Flag** Previous Result and Date Units Reference Interval

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

**Performing Labs** 

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Ordering Physician:

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Age:

Patient ID:

Phone: Date of Birth:

Patient ID:

Alternate Patient ID:

Sex:

Specimen ID:

Sex:

DOB:

Age:

Phone:

PatientDetails Physician Details Specimen Details Specimen ID:

Control ID: Alternate Control Number:

Account Number: Date Collected: Physician ID: Date Received: Date Entered: NPI: Date Reported:

Rte:

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