

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

Patient Report

Ordering Physician:



Ordered Items: **HIV Ag/Ab with Reflex**

Date Collected:	Date Received	Date Reported:	Fasting: <b>No</b>
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**HIV Ag/Ab with Reflex**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HIV Screen 4th Generation wRfx <sup>01</sup>	Non Reactive			Non Reactive

**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

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

Phone:  
Physician ID:  
NPI:

Specimen Details

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