

Ordered Items: **HTLV-I/II Antibodies, Qual; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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HTLV-I/II Antibodies, Qual

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

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	Physician Details	Specimen Details
Phone: Date of Birth Age: Sex: Patient ID: Alternate Patient ID:	Phone: Physician ID: NPI:	Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: