

Patient ID: Specimen ID:

DOB:

Age:

Sex:

Ordered Items: **HTLV-I/II Immunoblot; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting:

**HTLV-I/II Immunoblot**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HTLV-I IB <sup>01</sup>	Negative			Negative
HTLV-II IB <sup>01</sup>	Negative			Negative

**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

**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: