

Patient ID: Specimen ID:      DOB:  
Age:  
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Hep A Ab, IgM; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Hep A Ab, IgM

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep A Ab, IgM <sup>01</sup>	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

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

Physician Details

Phone:  
  
Physician ID:  
NPI:

Specimen Details

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

