

Patient ID: Specimen ID:

DOB:  
Age:  
Sex:

# Patient Report

Ordering Physician:



Ordered Items: **Hep A Ab, Total; Hep A Ab, IgM; Drawing Fee**

|                 |                |                |          |
|-----------------|----------------|----------------|----------|
| Date Collected: | Date Received: | Date Reported: | Fasting: |
|-----------------|----------------|----------------|----------|

## General Comments & Additional Information

Clinical Info:

### Hep A Ab, Total

| Test                                   | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--|-------------------------|--------------------------|-------|--------------------|
| ▶ <b>Hep A Ab, Total</b> <sup>01</sup> | <b>Negative</b>         |                          |       | Negative           |

### 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

#### Patient Details

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: