



Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

**COMMENTS:**      FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
HEPATITIS BE ANTIBODY	NON-REACTIVE		NON-REACTIVE	EN

For additional information, please refer to  
<http://education.questdiagnostics.com/faq/FAQ202>  
 (This link is being provided for informational/  
 educational purposes only.)