

Specimen ID:  
 Control ID:

Phone:

Rte:


**Patient Details**

 DOB:  
 Age(y/m/d):  
 Gender:      SSN:  
 Patient ID:

**Specimen Details**

 Date collected:  
 Date received:  
 Date entered:  
 Date reported:

**Physician Details**

 Ordering:  
 Referring:  
 ID:  
 NPI:

**General Comments & Additional Information**

 Alternate Control Number:  
 Total Volume:

 Alternate Patient ID:  
 Fasting:

**Ordered Items**

Hepatitis B Surf Ab Quant; HBsAg Screen; Hep B Core Ab, Tot; Hep A Ab, Total; Hep A Ab, IgM; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis B Surf Ab Quant	<3.1	Low	mIU/mL	Immunity >9.9	01
	Status of Immunity ----- Inconsistent with Immunity Consistent with Immunity			Anti-HBs Level ----- 0.0 - 9.9 >9.9	
HBsAg Screen	Negative			Negative	01
Hep B Core Ab, Tot	Negative			Negative	01
Hep A Ab, Total	Negative			Negative	02
Hep A Ab, IgM	Negative			Negative	01