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|-------------------------|---------------|------------------------|------------------------|----------------------|--------------|
| Specimen Number | Patient ID | Control Number | Account Number | Account Phone Number | Route |
| Patient Last Name | | | Account Address | | |
| Patient First Name | | Patient Middle Name | | | |
| Patient SS# | Patient Phone | Total Volume | | | |
| Age (Y/M/D) | Date of Birth | Sex | Fasting | | |
| Patient Address | | | Additional Information | | |
| Date and Time Collected | Date Entered | Date and Time Reported | Physician Name | NPI | Physician ID |

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|-------------------------------------------|
| Tests Ordered |
| HSV Type 1-Specific Ab, IgG; Venipuncture |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|------------------------------------|--------|------|-----------|--------------------|-----|
| HSV Type 1-Specific Ab, IgG | | | | | |
| HSV 1 IgG, Type Spec | <0.91 | | index | 0.00 - 0.90 | 01 |
| | | | Negative | <0.91 | |
| | | | Equivocal | 0.91 - 1.09 | |
| | | | Positive | >1.09 | |

Note: Negative indicates no antibodies detected to HSV-1. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-1; coinfection with HSV-2 cannot be excluded without type specific testing.

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