

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

Tests Ordered					
HSV Type 2-Specific Ab, IgG; Drawing Fee					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HSV Type 2-Specific Ab, IgG					
HSV 2 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-2. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-2; coinfection with HSV-1 cannot be excluded without type specific testing.

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