

Ordered Items: **Measles/Mumps/Rubella Immunity; Hepatitis B Surf Ab Quant; Varicella-Zoster V Ab, IgG; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**Measles/Mumps/Rubella Immunity**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Rubella Antibodies, IgG <sup>01</sup>	8.00		index	Immune >0.99
		Non-immune	<0.90	
		Equivocal	0.90 - 0.99	
		Immune	>0.99	
Measles Antibodies, IgG <sup>01</sup>	268.0		AU/mL	Immune >16.4
		Negative	<13.5	
		Equivocal	13.5 - 16.4	
		Positive	>16.4	
		Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.		
Mumps Abs, IgG <sup>01</sup>	51.6		AU/mL	Immune >10.9
		Negative	<9.0	
		Equivocal	9.0 - 10.9	
		Positive	>10.9	
A positive result generally indicates past exposure to Mumps virus or previous vaccination.				

**Hepatitis B Surf Ab Quant**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hepatitis B Surf Ab Quant <sup>01</sup>	>1000.0		mIU/mL	Immunity>9.9
	Status of Immunity		Anti-HBs Level	
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	Inconsistent with Immunity		0.0 - 9.9	
	Consistent with Immunity		>9.9	

**Varicella-Zoster V Ab, IgG**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Varicella Zoster IgG <sup>01</sup>	222		index	Immune >165
		Negative	<135	
		Equivocal	135 - 165	
		Positive	>165	
		A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.		

**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

Patient ID: Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



### PatientDetails

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: