

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

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Measles/Mumps/Rubella Immunity					
Rubella Antibodies, IgG	<0.90	Low	index	Immune >0.90 Non-immune <0.90 Equivocal 0.90 - 0.99	01
Rubeola Ab, IgG	<25.0	Low	AU/mL	Immune >0.99 Negative <25.0 Equivocal 25.0 - 29.9 Positive >29.9	01
Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.					
Mumps Abs, IgG	<9.0	Low	AU/mL	Immune >10.9 Negative <9.0 Equivocal 9.0 - 10.9 Positive >10.9	01
A positive result generally indicates past exposure to Mumps virus or previous vaccination.					
Hepatitis B Surf Ab Quant	<3.1	Low	mIU/mL	Immunity >9.9 Anti-HBs Level	01
Status of Immunity					

Inconsistent with Immunity				0.0 - 9.9	
Consistent with Immunity				>9.9	
Varicella-Zoster V Ab, IgG					
Varicella Zoster IgG	<135	Low	index	Immune >165 Negative <135 Equivocal 135 - 165 Positive >165	01
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.					

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Phone:

Patient Name					Specimen Number		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth

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