



Phone:

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
Lyme Ab/Western Blot Reflex; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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**Lyme Ab/Western Blot Reflex**

Lyme IgG/IgM Ab	<0.91		ISR	0.00 - 0.90	01
			Negative	<0.91	
			Equivocal	0.91 - 1.09	
			Positive	>1.09	
Lyme Disease Ab, Quant, IgM	<0.80		index	0.00 - 0.79	01
			Negative	<0.80	
			Equivocal	0.80 - 1.19	
			Positive	>1.19	

IgM levels may peak at 3-6 weeks post infection, then gradually decline.

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**FINAL REPORT**