

Ordered Items: **Measles/Mumps/Rubella Immunity; Venipuncture**

Date Collected: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Fasting: \_\_\_\_\_

## Measles/Mumps/Rubella Immunity

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Rubella Antibodies, IgG <sup>01</sup>	2.96		index	Immune >0.99
<div> <div>Non-immune</div> <div>&lt;0.90</div> </div> <div> <div>Equivocal</div> <div>0.90 - 0.99</div> </div> <div> <div>Immune</div> <div>&gt;0.99</div> </div>				
Measles Antibodies, IgG <sup>02</sup>	21.1		AU/mL	Immune >16.4
<div> <div>Negative</div> <div>&lt;13.5</div> </div> <div> <div>Equivocal</div> <div>13.5 - 16.4</div> </div> <div> <div>Positive</div> <div>&gt;16.4</div> </div> <p>Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.</p>				
Mumps Abs, IgG <sup>02</sup>	78.3		AU/mL	Immune >10.9
<div> <div>Negative</div> <div>&lt;9.0</div> </div> <div> <div>Equivocal</div> <div>9.0 - 10.9</div> </div> <div> <div>Positive</div> <div>&gt;10.9</div> </div> <p>A positive result generally indicates past exposure to Mumps virus or previous vaccination.</p>				

## Disclaimer

The Previous Result is listed for tests performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the results to the patient.

### Icon Legend

▲ Out of reference range      ■ Critical or Alert

### Performing Labs

01: DV - LabCorp Denver 8490 Upland Drive, Englewood, CO, 80112-7115 Dir: Earle Collum, MD  
02: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 303-792-2600

DOB:

## Patient Report



Patient ID:

Age:

Account Number:

Specimen ID:

Sex:

Ordering Physician:

### Patient Details

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

### Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**  
Phone:  
Physician ID:  
NPI:

### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: