

DOB:

Patient Report



Patient ID:

Age:

Specimen ID:

Sex:

Ordering Physician:

Date Collected

STI Profile (Cont.)

HIV Ab/p24 Ag Screen⁰¹

Non Reactive

Non Reactive

HIV Negative

HIV-1/HIV-2 antibodies and HIV-1 p24 antigen were NOT detected.

There is no laboratory evidence of HIV infection.

HSV 1 and 2 Ab, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HSV 1 IgG, Type Spec ⁰¹	<0.91	Negative Equivocal 0.91 - 1.09 Positive >1.09	index <0.91	0.00-0.90
<p>Note: Negative indicates no antibodies detected to HSV-1. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-1.</p>				
HSV 2 IgG, Type Spec ⁰¹	<0.91	Negative Equivocal 0.91 - 1.09 Positive >1.09	index <0.91	0.00-0.90
<p>HSV-2 Antibody Interpretation: Negative indicates no detectable antibodies to HSV-2 were found. If recent exposure is suspected, retest in 4-6 weeks. Equivocal samples should be retested in 4-6 weeks. Positive indicates the presence of detectable IgG antibody to HSV-2. False positive results may occur. Repeat testing, or testing by a different method, may be indicated in some settings (e.g. patients with low likelihood of HSV infection). If clinically appropriate, retest 4-6 weeks later.</p>				

Chlamydia trachomatis, NAA

Test	Current Result and Flag	Units	Reference Interval
Chlamydia trachomatis, NAA ⁰²	Negative		Negative

Neisseria gonorrhoeae, NAA

Test	Current Result and Flag	Units	Reference Interval
Neisseria gonorrhoeae, NAA ⁰²	Negative		Negative

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Performing Labs

Patient Report

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Account Number:
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: