

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info:

Ordered Items

B pertussis IgG/M/A Ab

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
B pertussis IgG/M/A Ab					
B pertussis IgG Ab	0.90		index	0.00 - 0.94	01
			Negative	<0.95	
			Equivocal	0.95 - 1.04	
			Positive	>1.04	
B pertussis IgM Ab	0.8		index	0.0 - 0.9	01
			Negative	<1.0	
			Borderline	1.0 - 1.1	
			Positive	>1.1	
B pertussis IgA Ab	0.7		index	0.0 - 0.9	01
			Negative	<1.0	
			Borderline	1.0 - 1.1	
			Positive	>1.1	