

Specimen ID:
 Control ID:

Phone:

Rte:


Patient Details

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

Specimen Details

 Date collected:
 Date received:
 Date entered:
 Date reported:

Physician Details

 Ordering:
 Referring:
 ID:
 NPI:

General Comments & Additional Information

 Clinical Info:
 Clinical Info:
 Clinical Info:

 Alternate Control Number:
 Total Volume:

 Alternate Patient ID:
 Fasting:

Ordered Items

CBC With Differential/Platelet; Measles/Mumps/Rubella Immunity; ABO Grouping and Rho(D) Typing; HSV 1 and 2-Spec Ab, IgG w/Rfx; Hepatitis B Surf Ab Quant; Panel 083935; Varicella-Zoster V Ab, IgG; Gest. Diabetes 1-Hr Screen; HCV Antibody; RPR; HBsAg Screen; Hep B Core Ab, Tot; Hep A Ab, Total; Chlamydia trachomatis, NAA; Neisseria gonorrhoeae, NAA; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	7.9		x10E3/uL	3.4 - 10.8	01
RBC	3.92		x10E6/uL	3.77 - 5.28	01
Hemoglobin	13.0		g/dL	11.1 - 15.9	01
Hematocrit	37.5		%	34.0 - 46.6	01
MCV	96		fL	79 - 97	01
MCH	30.8		pg	26.6 - 33.0	01
MCHC	34.7		g/dL	31.5 - 35.7	01
RDW	13.3		%	12.3 - 15.4	01
Platelets	192		x10E3/uL	150 - 379	01
Neutrophils	76		%	Not Estab.	01
Lymphs	15		%	Not Estab.	01
Monocytes	8		%	Not Estab.	01
Eos	0		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	6.0		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.2		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.0		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	1		%	Not Estab.	01
Immature Grans (Abs)	0.1		x10E3/uL	0.0 - 0.1	01
Measles/Mumps/Rubella Immunity					
Rubella Antibodies, IgG	4.42		index	Immune >0.99 Non-immune <0.90	01

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Rubeola Ab, IgG				Equivocal 0.90 - 0.99	
				Immune >0.99	
	<25.0	Low	AU/mL	Immune >29.9	01
				Negative <25.0	
				Equivocal 25.0 - 29.9	
				Positive >29.9	
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	01
				Negative <9.0	
				Equivocal 9.0 - 10.9	
				Positive >10.9	
A positive result generally indicates past exposure to Mumps virus or previous vaccination.					
ABO Grouping and Rho(D) Typing					
ABO Grouping	O				01
Rh Factor	Negative				01
Please note: Prior records for this patient's ABO / Rh type are not available for additional verification.					
HSV 1 and 2-Spec Ab, IgG w/Rfx					
HSV 1 IgG, Type Spec	<0.91		index	0.00 - 0.90	01
				Negative <0.91	
				Equivocal 0.91 - 1.09	
				Positive >1.09	
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.					
HSV 2 IgG, Type Spec	<0.91		index	0.00 - 0.90	01
				Negative <0.91	
				Equivocal 0.91 - 1.09	
				Positive >1.09	
Note: Negative indicates no antibodies detected to HSV-2. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-2.					
Hepatitis B Surf Ab Quant	<3.1	Low	mIU/mL	Immunity >9.9	01
	Status of Immunity			Anti-HBs Level	
	-----			-----	
Inconsistent with Immunity				0.0 - 9.9	
Consistent with Immunity				>9.9	
Panel 083935					
HIV Screen 4th Generation wRfx	Non Reactive			Non Reactive	01
Varicella-Zoster V Ab, IgG					
Varicella Zoster IgG	483		index	Immune >165	01

FINAL REPORT

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
			Negative	<135	
			Equivocal	135 - 165	
			Positive	>165	
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.					
Gest. Diabetes 1-Hr Screen					
Gestational Diabetes Screen	139		mg/dL	65 - 139	01
According to ADA, a glucose threshold of >139 mg/dL after 50-gram load identifies approximately 80% of women with gestational diabetes mellitus, while the sensitivity is further increased to approximately 90% by a threshold of >129 mg/dL.					
HCV Antibody					
Hep C Virus Ab	<0.1		s/co ratio	0.0 - 0.9	01
Negative: < 0.8 Indeterminate: 0.8 - 0.9 Positive: > 0.9					
The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).					
RPR	Non Reactive			Non Reactive	01
HBsAg Screen	Negative			Negative	01
Hep B Core Ab, Tot	Negative			Negative	01
Hep A Ab, Total	Negative			Negative	01
Chlamydia trachomatis, NAA	Negative			Negative	01
Neisseria gonorrhoeae, NAA	Negative			Negative	01