

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **HIV-1/HIV-2 Qualitative RNA; HCV Antibody; HSV, IgM I/II Combination; RPR; HBsAg Screen; Chlamydia trachomatis, NAA; Neisseria gonorrhoeae, NAA; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting:
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### General Comments & Additional Information

Clinical Info:  
Clinical Info:

### HIV-1/HIV-2 Qualitative RNA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HIV-1 RNA <sup>01</sup>	Non Reactive			Non Reactive
HIV-2 RNA <sup>01</sup>	Non Reactive			Non Reactive

### HCV Antibody

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep C Virus Ab <sup>02</sup>	<0.1		s/co ratio	0.0-0.9
			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).			

\* Previous Reference Interval: (Hep C Virus Ab: 0.0-0.9 s/co)

### HSV, IgM I/II Combination

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HSV, IgM I/II Combination <sup>02</sup>	<0.91		Ratio	0.00-0.90
			Negative <0.91	
			Equivocal 0.91 - 1.09	
			Positive >1.09	

\* Previous Reference Interval: (HSV, IgM I/II Combination: 0.00-0.90)

### RPR

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
RPR <sup>02</sup>	Non Reactive			Non Reactive

### HBsAg Screen

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HBsAg Screen <sup>02</sup>	Negative			Negative

### Chlamydia trachomatis, NAA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Chlamydia trachomatis, NAA <sup>03</sup>	Negative			Negative



## Patient Report



Patient ID:                      DOB:  
Specimen ID:                   Age:  
   Sex:

### Neisseria gonorrhoeae, NAA

Test	Current Result and Flag	Units	Reference Interval
Neisseria gonorrhoeae, NAA <sup>03</sup>	Negative		Negative

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient

#### Icon Legend

▲ Out of reference range   ■ Critical or Alert

#### Performing Labs

#### PatientDetails

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

#### Physician Details

**Request A Test**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**

Phone: **888-732-2348**  
Physician ID:  
NPI:

#### Specimen Details

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