

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Date Collected: Date Received: Date Reported: Fasting:

Ordered Items: **T pallidum Screening Cascade; HIV Ab/p24 Ag with Reflex; HCV Antibody; HTLV-I/II Antibodies, Qual; HBsAg Screen; Venipuncture**

Date Collected:

T pallidum Screening Cascade

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
T pallidum Antibodies ⁰¹	Non Reactive			Non Reactive

HIV Ab/p24 Ag with Reflex

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HIV Ab/p24 Ag Screen ⁰²	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.			Non Reactive

HCV Antibody

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hep C Virus Ab ⁰²	Non Reactive HCV antibody alone does not differentiate between previously resolved infection and active infection. Equivocal and Reactive HCV antibody results should be followed up with an HCV RNA test to support the diagnosis of active HCV infection.			Non Reactive

HTLV-I/II Antibodies, Qual

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HTLV-I/II Antibodies, Qual ⁰³	Negative			Negative

HBsAg Screen

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HBsAg Screen 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

For Inquiries, the physician may contact Branch: Lab:

DOB:

Patient Report



Patient ID:
Specimen ID:

Age:
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: