

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**Alternate Control Number:
Total Volume:Alternate Patient ID:
Fasting:**Ordered Items**

Measles Antibodies, IgG; Venipuncture

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------------------------|--------|------|-------|--------------------|-----|
| Measles Antibodies, IgG | 68.8 | | AU/mL | Immune >16.4 | 01 |

Negative <13.5
 Equivocal 13.5 - 16.4
 Positive >16.4

Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.