

Specimen ID:
 Control ID:

Acct #:

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: NORMAL REPORT

Ordered Items

Measles Antibodies, IgM

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Measles Antibodies, IgM	<0.91		ISR	0.00 - 0.90	01
			Negative	< 0.91	
			Equivocal	0.91 - 1.09	
			Positive	> 1.09	

Note: The presence of IgM specific antibody should be interpreted in conjunction with the patient's clinical history and exposure risk when an acute infection is suspected.