

Ordered Items: **B pertussis IgG Ab; Tetanus Antitoxoid IgG Ab; Diphtheria Antitoxoid Ab; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**B pertussis IgG Ab**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
B pertussis IgG Ab <sup>01</sup>	<0.95		index	0.00-0.94
		Negative	<0.95	
		Equivocal	0.95 - 1.04	
		Positive	>1.04	

**Tetanus Antitoxoid IgG Ab**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Tetanus Antitoxoid IgG Ab <sup>01</sup>	0.35		IU/mL	<0.10
Interpretation:				
			Non-Protective	<0.10
			Protective	>=0.10
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.				

**Diphtheria Antitoxoid Ab**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Diphtheria Antitoxoid Ab <sup>01</sup>	0.23		IU/mL	<0.10
Interpretation:				
			Non-Protective	<0.10
			Protective	>=0.10
For research use only.				

**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**  
01: BN - Labcorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-762-4344

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

Patient Report

Ordering Physician:



PatientDetails

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:  
Rte: