

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route	
Patient Last Name		Account Address				
Patient First Name	Patient Middle Name					
Patient SS#	Patient Phone					Total Volume
Age (Y/M/D)	Date of Birth					Sex
Patient Address		Additional Information				
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID	

Tetanus/Diphtheria Ab; Venipuncture	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Tetanus Antitoxoid IgG Ab	<0.10	Low	IU/mL	<0.10	02
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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	<0.10	Low	IU/mL	<0.10	02
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Interpretation:
Non-Protective <0.10
Protective >=0.10

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