

1-800-533-1710

<b>PATIENT NAME</b> TESTING, 209102 IS		<b>PATIENT NUMBER</b> L3MRNG9158015		<b>AGE</b> 30Y	<b>SEX</b> M	<b>ACCESSION #</b> G9158015
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/18/10 12:01 P	<b>RECEIVED</b>	<b>REPORT PRINTED</b> 10/25/10 09:49 A		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH:		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
<b>HBs Antigen, S</b>				
<b>HBs Antigen, S</b>		<b>Negative</b>	<b>Negative</b>	<b>NEL</b>
<b>HBs Antibody, S</b>				
<b>HBs Antibody, S</b>		<b>Negative</b>	<b>Negative</b>	<b>NEL</b>
<b>HBs Ab Quant</b>		<b>&lt;5.0</b>	<b>mIU/mL</b>	<b>NEL</b>
Patient is presumed to be not immune to infection with HBV.				
<b>Hepatitis Be Ag, S</b>				
<b>Hepatitis Be Ag, S</b>		<b>Negative</b>	<b>Negative</b>	<b>NEL</b>
<b>Hepatitis Be Ab, S</b>				
<b>Hepatitis Be Ab, S</b>		<b>Negative</b>	<b>Negative</b>	<b>NEL</b>
<b>HBc Total Ab, w/Reflex, S</b>				
<b>HBc Total Ab, w/Reflex, S</b>		<b>Negative</b>	<b>Negative</b>	<b>NEL</b>

## \* PERFORMING SITE

NEL      Mayo Medical Laboratories New England 160 Dascomb Road    Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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<b>PATIENT NAME</b> TESTING, 209102 IS	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/18/10 12:01 P
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