

1-800-533-1710

PATIENT NAME				PATIENT NUMBER		AGE	SEX	ACCESSION #	
TESTING, 200080 IS				L3MRNG9160445		60	М	G9160445	
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS	
COLLECTION		RECEIVED		REPORT PRINTED		SPECIMEN INFORMA	TION		
11/24/10 11:51 A				12/07/10	11:14 A	DATE OF BIRTH:			
DATE	TIME	DATE	TIME	DATE	TIME				
Test Client Attn: Mayo Liaisons 200 First Street SW									
Rochester, MN 55905									
507-284-8202									
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TEST REQUESTED LO REF RANGE PERFORM SITE \*

HBs Antigen, S

HBs Antigen, S Negative NEL

HBs Antibody, S

HBs Antibody, S Negative NEL

-- EXPECTED VALUES -- Unvaccinated: Negative Vaccinated: Positive

HBs Ab Quant <5.0 mIU/mL NEL

Patient is presumed to be not immune to infection with HBV.

-- EXPECTED VALUES -- Unvaccinated: <5.0 Vaccinated: >=12.0

Hepatitis A Total Ab, w/Reflex, S

Hepatitis A Total Ab, Negative NEL

w/Reflex, S

HBc Total Ab, w/Reflex, S

HBc Total Ab, w/Reflex, Negative NEL

S

## \* PERFORMING SITE

NEL	Mayo Medical Laboratories New England	Lab Director: Lynn A. Cheryk, Ph.D.
	160 Dascomb Road Andover, MA 01810	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 200080 IS	Final	11/24/10 11:51 A