

1-800-533-1710

PATIENT NAME				PATIENT NUMBER		AGE	SEX	ACCESSION #	
TESTING, 200080 IS				L3MRNG9163836			30Y	М	G9163836
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS	
COLLECTION 01/27/11 05:49 P				REPORT PRINTED 01/28/11 10:39 A		SPECIMEN INFORMATE DATE OF BIRTH:	TION		
DATE	TIME	DATE	TIME	DATE	TIME	B, (12 01 Bii (11 ii			
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 *

Hepatitis Profile, S

HBs Antigen, S Negative NEL HBs Antibody, S Negative NEL Negative NEL

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

HBs Antibody, <5.0 mlU/mL NEL

Quantitative, S

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

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

Hepatitis A Total Ab, Negative NEL Negative NEL

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	01/27/11 05:49 P