

1-800-533-1710

PATIENT NAME TESTING, 209102 IS		PATIENT NUMBER L3MRNG9163839		AGE 56Y	SEX M	ACCESSION # G9163839
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 01/27/11 06:11 P	RECEIVED	REPORT PRINTED 01/28/11 10:41 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
Hepatitis B Immune Status Prof, S				
HBs Antigen, S		Negative	Negative	NEL
HBs Antibody, S		Negative		NEL
-- EXPECTED VALUES --				
Unvaccinated: Negative				
Vaccinated: Positive				
HBs Antibody, Quantitative, S		<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 Be Ag, S		Negative	Negative	NEL
Hepatitis Be Ab, S		Negative	Negative	NEL
HBc Total Ab, w/Reflex, S		Negative	Negative	NEL

* 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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PATIENT NAME TESTING, 209102 IS	ORDER STATUS Final	COLLECTION DATE AND TIME 01/27/11 06:11 P
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