

1-800-533-1710

PATIENT NAME TESTING, 200830 IS		PATIENT NUMBER L3MRNG9160446		AGE 21	SEX F	ACCESSION # G9160446
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 11/24/10 11:54 A	RECEIVED	REPORT PRINTED 12/07/10 11:14 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	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 *
HBs Antigen, S				
HBs Antigen, S		Negative	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, w/Reflex, S		Negative	Negative	NEL
HBc Total Ab, w/Reflex, S				
HBc Total Ab, w/Reflex, S		Negative	Negative	NEL
HCV Ab Screen, S				
HCV Ab Screen, 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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