

PatientReport

Specimen ID:
Control ID:

Acct#: Walk-In Lab, LLC VART verified Phone: (800) 539-6119 Rte: 00

Patient Details

DOB:

Age(y/m/d): Gender: Patient ID: Specimen Details
Date collected:
Date received:
Date entered:
Date reported:

Physician
Details
Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Alternate Control Number:

Alternate Patient ID: Fasting:

Ordered Items

HSV 1 and 2-Spec Ab, IgG w/Rfx; HIV Ag/Ab with Reflex; HCV Antibody

HSV 1 and 2-Spec Ab, IgG w/Rfx; HIV Ag/Ab with Reflex; HCV Antibody							
TESTS	RE U	LT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
HSV 1 and 2-Spec Ab,	IgG w/Rfx						
HSV 1 IgG, Type Spe	c	1.03	High	index	0.00	0-0.90	01
Verified by repeat analysis A second sample should be collected and tested no less than 2-4 weeks.							
A second sample				Nega Equiv Posi	tive vocal 0.91 tive	<0.91 - 1.09 >1.09	
Note: Negative indicates no antibodies detected to HSV-1. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-1.							
HSV 2 IgG, Type Spe		0.91		Posi	tive vocal 0.91 tive	>1.09	01
Note: Negative indicates no antibodies detected to HSV-2. Equivocal may suggest early infection. If clinically appropriate, retest at later date. Positive indicates antibodies detected to HSV-2.							
HIV Ag/Ab with Refle HIV Screen 4th Gene:	ration wRfx						
Non Reactive					Non Re	active	01
HCV Antibody							
Hep C Virus Ab		0.1		Indeterm	io 0.0 ative: inate: 0.8 itive:		01
	The CDC recombe followed utest (550713)	p with		sitive H	CV antibody	y result	



PatientReport

Patient:
DOB: Patient ID:

Specimen ID: Date collected:

For inquiries, the physician may contact Branch: 504-828-2666 Lab: 206-861-7000



Control ID: