

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Infectious Diseases

Test Name	Result	Reference Range	Lab
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM	NON-REACTIVE	NON-REACTIVE	
HEPATITIS B SURFACE ANTIGEN			

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Physician Comments:

PERFORMING SITE: