

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

Infectious Diseases

Test Name	Result	Reference Range	La
1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION	ON W/RFL		
IV AG/AB, 4TH GEN	NON-REACTIVE	NON-REACTIVE	
HIV-1 antigen and HIV-1/HIV-2 antibudetected. There is no laboratory evinfection. PLEASE NOTE: This information has by you from records whose confidential protected by state law. If your st. protection, then the state law prohmaking any further disclosure of the without the specific written consento whom it pertains, or as otherwiss. A general authorization for the relother information is NOT sufficient For additional information please restriction is http://education.questdiagnostics.cd (This link is being provided for in educational purposes only.) The performance of this assay has nevalidated in patients less than 2 years.	odies were not idence of HIV een disclosed to ity may be ate requires such ibits you from e information t of the person e permitted by law ease of medical or for this purpose. efer to om/faq/FAQ106 formational/		
ysician Comments:			

PERFORMING SITE: