

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

Test Name	In Range	Out Of Range	Reference Range	Lab
HEPATITIS B CORE AB TOTAL	NON-REACTIVE		NON-REACTIVE	

PERFORMING SITE:

Walk-In Lab