

Patient Name:	Account Number:
Patient Phone:	
Date of Birth (Age):	Account Name:
Sex:	
Referring Dr (NPI #):	Collection Date/Time:
Patient ID:	Received Date/Time:
Specimen ID:	Reported Date/Time:

General Comments and Additional Information

Total Vol:		Source:			
Result Name	Flag	Result	Range/Units	Status	Lab
096230 EBV Ab VCA, IgG					
EBV Ab VCA, IgG	Above High Normal	262.0	0.0-17.9 / U/mL	Final	01
		Negative	<18.0		
		Equivocal	18.0 - 21.9		
		Positive	>21.9		

END OF REPORT