



Patient Report

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
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:

Total Volume:

Alternate Patient ID:

Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
EBV Ab VCA, IgM	<36.0		U/mL	0.0 - 35.9		
			Negative		<36.0	
			Equivocal	36.0 - 43.9		
			Positive		>43.9	

Date Issued:

FINAL REPORT

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