Specimen ID: Control ID:		Acct #: 17452095 Walk-In Lab, LLC 1645 Tiffany Lane Mandeville LA 70448	Phone: (800) 539-6119	Rte: 00
Patient Details DOB: Age(y/m/d): Gender: SSN: Patient ID:	Specimen Details Date collected: Date received: Date entered: Date reported:	Orderi Referr ID: C	cian Details ing: W SMITH ring: C34593 326197864	
General Comments & Additional Info Alternate Control Number: Total Volume: Not Provided Ordered Items	rmation	Alternate Patient I Fasting: No	Alternate Patient ID: Not Provided Fasting: No	
Hep B Core Ab, Tot; Drawing Fee				
TESTS	RESULT	FLAG UNITS	REFERENCE INTERVAL	
Hep B Core Ab, Tot	Negative		Negative	01
01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361		Dir: William F Hancock, MD		
For inquiries, the physician may co	ntact Branch: 504-828-2666 L	ab: 800-762-4344		

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