

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/2/1995  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Hepatitis B Virus Surface Antibody**

ARUP test code 0020090

Hepatitis B Surface Antibody >1000.00 IU/L

The anti-HBs is greater than or equal to 10 IU/L. This patient has either had an antibody response to HBV vaccination, received a transfusion, or has recovered from HBV infection. This patient should be considered immune to hepatitis B.

An anti-HBs result greater than or equal to 10 IU/L implies immunity. For post-vaccination antibody testing guidelines for the general public refer to MMWR December 23, 2005/Vol. 54(No. 16);1-23, and for healthcare workers refer to MMWR December 20, 2013/Vol. 62(No. 10);1-19.

Reference Interval: anti-HBs  
9.99 IU/L or less ..... Negative  
10.00 IU/L or greater .... Positive  
Results greater than 1,000.00 IU/L are reported as greater than 1,000.00 IU/L.

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hepatitis B Surface Antibody	21-051-103212	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: