

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/19/1996
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Hepatitis Panel, Acute with Reflex to HBsAg Confirmation and Reflex to HCV by Quantitative NAAT

ARUP test code 3002989

Hepatitis A Antibody, IgM	Negative	(Ref Interval: Negative)
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Hepatitis B Core Antibody, IgM	Negative	(Ref Interval: Negative)
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INTERPRETIVE INFORMATION: Hepatitis B Core Ab, IgM

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

Hepatitis B Surface Antigen	Negative	(Ref Interval: Negative)
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Based on the non-reactive HBsAg screen, the HBsAg Confirmation test is not indicated and therefore not performed.

INTERPRETIVE INFORMATION: Hepatitis B Surface Ag

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

Hepatitis C Antibody by CIA Index	0.05 IV
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Hepatitis C Antibody by CIA Interp	Negative	(Ref Interval: Negative)
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Based on the anti-HCV (CIA) screen, the HCV RNA by Quantitative NAAT test is not indicated and therefore not performed.

REFERENCE INTERVAL: Hepatitis Panel, Acute w/ HCV NAAT Rflx

0.79 IV or less	Negative
0.80 to 0.99 IV	Equivocal
1.00 to 10.99 IV	Low Positive
11.00 IV or greater	High Positive

Index Value (IV) = Anti-HCV signal to cutoff (S/C)ratio

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

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

Unless otherwise indicated, testing performed at:

Hepatitis, Acute Panel w/ Rflx Interp

See Note

The acute hepatitis panel is negative. There is no evidence of acute hepatitis A, B, or C.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hepatitis A Antibody, IgM	23-114-116157	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Core Antibody, IgM	23-114-116157	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Surface Antigen	23-114-116157	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Index	23-114-116157	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Interp	23-114-116157	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis, Acute Panel w/ Rflx Interp	23-114-116157	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: