

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 10/1/1980
Gender: Female
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)

Hepatitis B Core Antibody, IgM Negative (Ref Interval: Negative)
 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)
 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 <0.02 IV

Hepatitis C Antibody by CIA Interp Negative (Ref Interval: Negative)
 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	21-048-101429	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Core Antibody, IgM	21-048-101429	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Surface Antigen	21-048-101429	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Index	21-048-101429	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Interp	21-048-101429	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis, Acute Panel w/ Rflx Interp	21-048-101429	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: