

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/1/1950  
**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)

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 See Confirm (Ref Interval: Negative)  
 The HBsAg screen is repeatedly reactive at a low level. Refer to the HBsAg Confirmation test for additional detail.  
 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 0.06 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 indicates that the patient probably has early acute hepatitis B infection. Chronic hepatitis B infection cannot be excluded. There is no evidence of acute hepatitis A or C infection.

**Hepatitis B Virus Surface Antigen, Confirmation**

ARUP test code 0020128

Hepatitis B Surface Antigen Confirmation

**Positive \*** (Ref Interval: Non Confirmed)

Hepatitis B surface antigen (HBSAg) did neutralize using anti-HBs. This specimen is therefore POSITIVE for HBSAg. False positives can occur. If the result is not supported by clinical evidence, repeat testing of a new sample usually helps clarify the diagnosis.

INTERPRETIVE INFORMATION: Hepatitis B Surface Ag Confirmation

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).

Procedure	Accession	VERIFIED/REPORTED DATES		
		Collected	Received	Verified/Reported
Hepatitis A Antibody, IgM	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Core Antibody, IgM	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Surface Antigen	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Surface Antigen Confirmation	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Index	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Interp	23-017-113357	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis, Acute Panel w/ Rflx Interp	23-017-113357	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: