PATIENT INFORMATION

SPECIMEN INFORMATION

SPECIMEN:

REQUISITION:

LAB REF NO:

DOB:

AGE:

GENDER:

FASTING:

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CLIENT INFORMATION

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Clinical Info:

Test Name	Result	Flag	Reference Range	Lab
HEPATITIS B CORE ANTIBODY (IGM)				
HEPATITIS B CORE ANTIBODY (IGM)	NON-REACTIVE		NON-REACTIVE	EN

Performing Laboratory Information: