

Sample Lab Test

Your personal information which needs to include your name and DOB.

Contact information of the laboratory which needs to include address of facility.

SPECIMEN INFORMATION
SPECIMEN:
REQUISITION:
LAB REF NO:

COLLECTED:
RECEIVED:
REPORTED:

PATIENT INFORMATION
DOB:
AGE:
GENDER:
FASTING:
Clinical Info:

Name of Laboratory
 4789 Rings Rd
 Dublin, OH 43017
 telephone #

Name of Vaccination

Result in numerical format

Interpretation of reference range

Test Name	Result	Reference Range	Interpretation
Rubella Antibody (IGG)	3.45	< or = 0.90 0.91-1.09 > or = 1.10	Negative Equivocal Positive
Measles Immune Status Measles Antibody (IGG) detected	4.48	< or = 0.90 0.91-1.09 > or = 1.10	Negative-No Rubeola (Measles) Antibody Equivocal Positive-Rubeola (Measles) Antibody detected
Mumps Virus Antibody	>5.0	< or = 0.90 0.91-1.09 > or = 1.10	Negative Equivocal Positive
Hepatitis B Surface AB Quant	<3.1 >9.9		0.0-9.9 Inconsistent with Immunity Consistent with Immunity

Collected date must be within last 5 (five) years