

Name: FirstName LastName
Biological Sex: Gender
Date of Birth: DD-Mmm-YYYY
Order Number: EXAMPLE REPORT
Clinic:
Requested By:

Sample Collection Date: DD-Mmm-YYYY HH:MM
Date of Receipt: DD-Mmm-YYYY HH:MM
Report Approved Date:

Report Status: Final
Report Generated On: DD-Mmm-YYYY HH:MM

Panels

Additional Tests

Hepatitis B Surface Antigen

Analyte	Result	Ref Low	Ref High	Low / High	Sample Type	Result Caveat	Results Status
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Other tests

Hepatitis B Surface Antigen	Non-Reactive -				Serum		Final
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- End of Report -

Result Colour Key:

Results in blue with L in the In Range column fall below the Ref Low range
 Results in red with H in the In Range column fall above the Ref High range