

**LABORATORY - SERUM ANTIBODY TESTS  
HEPATITIS**

**FORM L2**

ID LABEL  
HERE --->

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VISIT #:

FORM COMPLETED BY:

\_\_\_\_ \_                      \_\_\_\_ \_

VERSION DATE **08/15/94**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)  
 No, Sample Inadequate..... 2 (END)  
 No, Other Reason ..... 3

\_\_\_\_\_ (END)  
**(SPECIFY)**

A2. DATE SAMPLE DRAWN:    \_\_\_ / \_\_\_ / \_\_\_  
   M        D        Y

	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>NOT TESTED</u>
A3. HB <sub>S</sub> Ag (Hepatitis B-surface antigen)	1	2	3
A4. HB <sub>S</sub> Ab (Hepatitis B-surface antibody)	1	2	3
A5. HB <sub>C</sub> Ab (anti HB <sub>C</sub> ) (Hepatitis B-core antibody)	1	2	3
A6. HCV Ab (Hepatitis C antibody)	1	2	3