LABORATORY - SERUM ANTIBODY TESTS
HEPATITIS

FORM L2

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

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

STUDY	POSITIVE	NEGATIVE	NOT TESTED
A3. HB_SAg (Hepatitis B-surface antigen)	1	2	3
A4. HB_SAb (Hepatitis B-surface antibody)	1	2	3
A5. HB_CAb (anti HB_C) (Hepatitis B-core antibody)	1	2	3
A6. HCV Ab (Hepatitis C antibody)	1	2	3