

**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

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