

**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>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