# 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 |