

# Hepatitis Panel

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Reason for the Test: \_\_\_\_\_

Physician's Name and Signature: \_\_\_\_\_

## RESULTS and INTERPRETATION

**Hepatitis A Virus Antibody, IgM:**

**Hepatitis A Virus Total:**

**Hepatitis B Virus Antibody, IgM:**

**Hepatitis B Surface Antibody:**

**Hepatitis B Surface Antigen:**

**Hepatitis B Core Antibody:**

**Hepatitis B Core Antigen:**

**Hepatitis B Total Antibody:**

**Hepatitis C Antibody:**

**Additional Notes:**