

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: