

# SampleLabTest

Your personal information which needs to include your name and DOB.

Contact information of the laboratory which needs to include address of facility.

Name of Laboratory  
4789 Rings Rd  
Dublin, OH 43017  
UFMFQIP OF

Name of Vaccination

Result in numerical format

Interpretation of reference range

Test Name	Result	Reference Range	Interpretation
Rubella Antibody (IGG)	3.45	< or = 0.90 0.91 r 1.09 > or = 1.10	Negative Equivocal Positive
Measles Immune Status Measles Antibody (IGG) detected	4.48	< or = 0.90 0.91 r 1.09 > or = 1.10	Negative No Rubella (Measles) Antibody Equivocal Positive Rubella (Measles) Antibody detected
Mumps Virus Antibody	>5.0	< or = 0.90 0.91 r 1.09 > or = 1.10	Negative Equivocal Positive
Hepatitis B Surface AB Quant	<3.1 >9.9		0.0 r 9.9 Inconsistent with Immunity Consistent with Immunity

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