Infectious Disease Serology Results Form

Patient Name

Patient ID / MRN

Date of Birth

Gender

Requested By

Date Collected

Date Reported

Serology Results

Test	Result	Reference Range / Interpretation	Remarks
HIV 1/2 Antibody			
Hepatitis B Surface Antigen (HBsAg)			
Hepatitis C Antibody			
Syphilis (VDRL/RPR/TPHA)			
Other (specify)			

Comments / Additional Notes

Verified By

Verification Date