

7/24/2012
01:28 PM

BARTON MEDICAL CENTER - MONTGOMERY, A.
CONFIDENTIAL PATIENT INFORMATION

PAGE 3

Employee No.: 21363

Employee Name: REED, AMANDA L DOB: 8/7/1980

MEDICAL INFORMATION (cont.)

HISTORY

Past History:

Visits:	Disposition:
6/13/2012 PPD TESTING	NEGATIVE RESULT
12/2/2011 PPD TESTING	NEGATIVE RESULT
11/11/2011 ANNUAL EMP HEALTH SCREENING	SCREENING DONE
6/3/2011 PPD TESTING	NEGATIVE RESULT
12/7/2010 ANNUAL EMP HEALTH SCREENING	SCREENING DONE
12/3/2010 PPD TESTING	NEGATIVE RESULT
6/4/2010 PPD TESTING	NEGATIVE RESULT
12/10/2009 ANNUAL EMP HEALTH SCREENING	SCREENING DONE
12/1/2009 PPD TESTING	NEGATIVE RESULT
6/2/2009 PPD TESTING	NEGATIVE RESULT
12/19/2008 ANNUAL EMP HEALTH SCREENING	SCREENING DONE
12/2/2008 PPD TESTING	NEGATIVE RESULT
6/6/2008 PPD TESTING	NEGATIVE RESULT
12/20/2007 ANNUAL EMP HEALTH SCREENING	SCREENING DONE
12/8/2007 PPD TESTING	NEGATIVE RESULT
12/8/2007 PPD TESTING	NEGATIVE RESULT
6/9/2007 PPD TESTING	NEGATIVE RESULT
12/8/2006 PPD TESTING	NEGATIVE RESULT
12/1/2006 PRE-PLACEMENT HEALTH SCREENING	SCREENING DONE
12/1/2006 PPD TESTING	NEGATIVE RESULT

EMPLOYEE RISK INFORMATION

Start	End	Risk
Standard DX Test	Date	Final Result Result Date
RESPIRATORY FIT TESTING	11/11/2011	NORMAL
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
RESPIRATORY FIT TESTING	12/7/2010	NORMAL
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
RESPIRATORY FIT TESTING	12/10/2009	TB MASK, 3M1860
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
RESPIRATORY FIT TESTING	12/20/2007	NORMAL
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
POST ACCIDENT DRUG TEST	10/19/2007	NEGATIVE
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
HEPATITIS B SURFACE ANTIB	8/20/2007 ✓	REACTIVE
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		
COLOR BLIND TEST/ISHIHARA	12/1/2006	NORMAL
Anatomic Site:		
Follow-Up Date:		Follow-Up Action:
Comments:		

BAPTIST MEDICAL CENTER - MONTGOMERY, ALABAMA
CONFIDENTIAL PATIENT INFORMATION

/2012
8 PM
Employee No.: 21363
Employee Name: REED, AMANDA L DOB: 8/7/1980
Department: EMERGENCY ROOM

Title: PCT II
t Center:

MEDICAL INFORMATION

ications:
lergies:
munizations:

munization

LU SHOT
Administered By :
Route:
Site:
Comments:

Date

10/7/2011

Follow-Up Action

Manufacturer :
Lot No:
Expiration Date:

Follow-Up Date

FLU SHOT
Administered By :
Route:
Site:
Comments:

10/8/2010

Manufacturer :
Lot No:
Expiration Date:

H1N1 VACCINATION
Administered By :
Route:
Site:
Comments:

12/22/2009

Manufacturer :
Lot No:
Expiration Date:

FLU SHOT
Administered By :
Route:
Site:
Comments:

9/17/2009

Manufacturer :
Lot No:
Expiration Date:

Tdap (TETANUS, DIPHTHERIA TOXOI3/10/2009 ✓
Administered By :
Route:
Site:
Comments:

Manufacturer :
Lot No:
Expiration Date:

FLU SHOT
Administered By :
Route:
Site:
Comments:

10/7/2008

Manufacturer :
Lot No:
Expiration Date:

7/24/2012
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BAPTIST MEDICAL CENTER - MONTGOMERY, ALA.
CONFIDENTIAL PATIENT INFORMATION

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Employee No.: 21363 Employee Name: REED, AMANDA L DOB: 8/7/1980

===== MEDICAL INFORMATION (cont.) =====

DECLINED Tdap	12/20/2007	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
FLU SHOT	10/12/2007	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
HEPATITIS B VACCINE #3	6/28/2007 ✓	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
HEPATITIS B VACCINE #2	1/18/2007 ✓	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
FLU SHOT	1/3/2007	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
HEPATITIS B VACCINE #1	12/22/2006 ✓	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
MMR	4/29/1991 ✓	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		
MMR	2/10/1982 ✓	Manufacturer :
Administered By :		Lot No:
Route:		Expiration Date:
Site:		
Comments:		

Patient Information	Specimen Information	Client Information
REED, AMANDA DOB: 08/07/1980 AGE: 36 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL200135E Requisition: 6707518 Collected: 04/14/2017 / 15:00 CDT Received: 04/14/2017 / 22:53 CDT Faxed: 04/21/2017 / 08:22 CDT	Client #: 49100638 QATL0000 FUENTES, MARYLUZ AUM NURSING CARE CENTER Attn: BIRMINGHAM SOLSTAS LAB 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
MMR (IGG) PANEL (MEASLES, MUMPS, RUBELLA)				
MEASLES ANTIBODY (IGG)	4.31		index	AT

Index	Explanation of Test Results
< or = 0.90	Negative - No Rubella (Measles) IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - Rubella (Measles) IgG Antibody detected

Positive results suggest recent or previous infection with Measles (Rubella) virus and imply immunity. Patients exhibiting equivocal results should be retested in one month, if clinically indicated.

MUMPS VIRUS				AT
ANTIBODY (IGG)	1.94		index	

Index	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient.

RUBELLA IMMUNE STATUS				AT
RUBELLA ANTIBODY (IGG)	13.50		index	

Index	Interpretation
<0.90	Not consistent with Immunity
0.90-0.99	Equivocal
> or = 1.00	Consistent with Immunity

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

HEPATITIS B SURFACE AB				KL9
IMMUNITY, QN	840		> OR = 10 mIU/mL	

Patient has immunity to hepatitis B virus.

For additional information, please refer to <http://education.questdiagnostics.com/faq/FAQ105> (This link is being provided for informational/educational purposes only).

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931
KL9 SOLSTAS/QUEST DIAGNOSTICS SOLSTAS LAB-BIRMINGHAM, 2732 7TH AVENUE SOUTH, BIRMINGHAM, AL 35233-3406 Laboratory Director: WESTON ROTHROCK, CLIA: 01D1015388



**SOLSTAS
LAB PARTNERS**

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

**AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117**

Patient Name REED, AMANDA			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 08/07/1980	Age: 32	Accession: D323767	
Patient Phone:	Patient ID #: REEDAMANDA312	Med. Rec. #:	Requisition:	
			Collected: 11/07/2012 14:00	
			Reported: 11/09/2012 17:00	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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VARICELLA-ZOSTER VIRUS ANTIBODY, IgG

BHAM

VARICELLA-ZOSTER VIRUS AB, IgG	154.9 H	EU/mL
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**** PLEASE NOTE UPDATED REFERENCE RANGE ****

<15.0 EU/mL Negative: No detectable IgG antibody to
Varicella-zoster is present. Such
individuals are presumed to be uninfected
with Varicella virus and to be susceptible
to primary infection.

15.0-19.9 EU/mL Equivocal

>=20.0 EU/mL Positive: Indicates presence of detectable
IgG antibody to Varicella-zoster virus.
Indicative of current or previous infection.

Please note:

1. The performance characteristics with individuals vaccinated with VZV (OKA strain) have not been established.
2. A negative result does not rule out the diagnosis of VZV infection. The sample may have been collected before appearance of detectable antibodies. Negative results in suspected early VZV infection should be repeated in 2-3 weeks.
3. To confirm active Varicella-zoster infection, we recommend Varicella-zoster IgM testing (test code 5053).
4. Positive results from neonates and immunocompromised patients should be interpreted with caution.
5. Heterotypic antibody titer rises in response to VZV may occur in certain patients with HSV infection who have experienced a prior infection with VZV.

Results were obtained using the Diamedix Is-VZV IgG assay. The magnitude of the measured result, above the cut-off, is not indicative of the total amount of antibody present. Values obtained with different methods may not be used interchangeably. The magnitude of the reported levels cannot be correlated to an endpoint titer.

CONTINUED....

REED, AMANDA

Page: 1

Patient Information	Specimen Information	Client Information
REED, AMANDA DOB: 08/07/1980 AGE: 36 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL200135E Requisition: 6707518 Collected: 04/14/2017 / 15:00 CDT Received: 04/14/2017 / 22:53 CDT Reported: 04/17/2017 / 15:20 CDT	Client #: 49100638 QATL0000 FUENTES, MARYLUZ AUM NURSING CARE CENTER Attn: BIRMINGHAM SOLSTAS LAB 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
HEPATITIS B SURFACE AB IMMUNITY, QN	840		> OR = 10 mIU/mL	KL9

Patient has immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

PENDING TESTS:

MMR (IGG) PANEL (MEASLES, MUMPS, RUBELLA)

PERFORMING SITE:

KL9 SOLSTAS/QUEST DIAGNOSTICS SOLSTAS LAB-BIRMINGHAM, 2732 7TH AVENUE SOUTH, BIRMINGHAM, AL 35233-3406 Laboratory Director: WESTON ROTHROCK, CLIA: 01D1015388

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Amanda Reed BIRTHDATE: 8/7/80

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER Tdap	4/13/17	LD	0.5cc	Adacel® HDC 49281-400-58 L U5561AB E 18FEB19			2/15	AM
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	4/13/17			SP	C5036AA	(L) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	<i>[Signature]</i>		



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AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name REED, AMANDA			Requesting Physician: FUENTES, MARYLUZ		
Sex/Species: FEMALE	Date of Birth: 08/07/1980	Age: 32	Accession: D323767		
Patient Phone:	Patient ID #: REEDAMANDA312	Med. Rec. #:	Requisition:		
			Collected: 11/07/2012 14:00		
			Reported: 11/09/2012 17:00		
REQUEST		RESULT	UNITS	NORMALS	TEST LOC
ABNORMAL SUMMARY VARICELLA-ZOSTER VIRUS ANTIBODY, IgG VARICELLA-ZOSTER VIRUS AB, IgG 154.9 H EU/mL PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature. FINAL REPORT Testing Locations: BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388					
REED, AMANDA			Page: 2 (last)		



Alabama Department of Public Health

Bureau of Clinical Laboratories

Montgomery Laboratory
P.O. Box 244018
Montgomery, AL 36124-4018
(334) 260-3400

Mobile Laboratory
757 Museum Drive
Mobile, AL 36608
(251) 344-6049

www.adph.org/bcl

Report To PRIMARY CONTACT
AUM NURSING CARE CENTER
IRMA B. MOORE HALL RM.102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
USA

Patient Information

Name	AMANDA REED	SSN	420-19-9938
		Date of Birth	8/7/1980
		Gender	Female
		Race	White or Caucasian
		LIMS Patient ID	X833006

Sample Information

Sample ID (MRN)	REED	Date Collected	11/7/2012
Lab ID	M1211010661-01	Date Received	11/13/2012 10:05 AM
Chain of Custody		Date Reported	11/15/2012 01:17 PM
Specimen Source	Urine	Performing Facility	Montgomery Lab

Test/Observation	Result	Method / Ref Range
-- SEROLOGY CT-GC --		
Chlamydia Trachomatis	NONREACTIVE	Gen-probe APTIMA Combo 2 Assay
Neisseria Gonorrhoeae	NONREACTIVE	Gen-probe APTIMA Combo 2 Assay

The performance of ORAL SWABS
and RECTAL SWABS are not FDA
approved but have been vali-
dated by the BCL on specimens
from patients attending STD &
Adult Health Clinics.