

4/24/91



HEPATITIS B IMMUNIZATION

LAST NAME: Galloway

FIRST NAME: Ashley

TSCC ID #: A00662585

HAVE YOU COMPLETED A SERIES OF HEPATITIS B IMMUNIZATION? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

HEPATITIS B TITER - TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER.

STEP 1 - IF YOU HAVE COMPLETED A HEPATITIS B SERIES IN THE PAST - HAVE A TITER DRAWN AND COMPLETE THE FOLLOWING.
PLEASE NOTE THAT IF YOUR TITER IS NEGATIVE YOU MUST COMPLETE STEP 2.

DATE OF TITER: 10/17/24 POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF YOUR RESULTS ARE NEGATIVE - COMPLETE STEP 2 BELOW.

STEP 2 - IF YOU HAVE NOT COMPLETED A HEPATITIS B IMMUNIZATION OR IF YOU HAD A NEGATIVE TITER - A FULL 3-PART SERIES IMMUNIZATION IS REQUIRED.

1ST VACCINATION DATE: 12/8/24

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

2ND VACCINATION DATE: 7/29/24
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

3RD VACCINATION DATE: 1/31/2025
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

AFTER COMPLETION OF THE FULL 3-PART SERIES, HAVE A TITER DRAWN FOR HEPATITIS B ANTIBODY TO DOCUMENT IMMUNITY:

DATE OF TITER: 2/28/25 POSITIVE? ☒ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

LOT: 4T39P
EXP: 12/09/25

NDC 58160-821-43
Hepatitis B Vaccine (Recombinant)
ENGRIX-B 20 mcg/mL
Mfg. by GlaxoSmithKline Biologicals
495702

LOT: 4T39P
EXP: 12/09/25

NDC 58160-821-43
Hepatitis B Vaccine (Recombinant)
ENGRIX-B 20 mcg/mL
Mfg. by GlaxoSmithKline Biologicals
495702

LOT: 5JX2E
EXP: 12/14/26

NDC 58160-821-43
Hepatitis B Vaccine (Recombinant)
ENGRIX-B 20 mcg/mL
Mfg. by GlaxoSmithKline Biologicals
495702

#3
next
im



Patient Information	Specimen Information	Client Information
GALLOWAY, ASHLEY DOB: 09/24/1991 AGE: 33 Gender: F Phone: 256.441.1265 Patient ID: 5368	Specimen: AL230120V Requisition: 0857491 Lab Ref #: 01070276 Collected: 02/28/2025 / 09:08 CST Received: 03/01/2025 / 02:51 CST Reported: 03/03/2025 / 15:05 CST	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab AT
HEPATITIS B SURFACE AB IMMUNITY, QN	701		> 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