



HEPATITIS B IMMUNIZATION

DOB: 11/10/02

LAST NAME: Wunderuff

FIRST NAME: marie

TSCC ID #: A02319618

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: 6/18/24 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: 6/18/2024

[Signature]
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STUDENT HEALTH CENTER
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023

2ND VACCINATION DATE: 7/18/2024
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

[Signature]
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023

3RD VACCINATION DATE: 1/24/2025
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

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

DATE OF TITER: 2/28/2025 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
Mfd. by
GlaxoSmithKline
Biologicals
495702

LOT: 4T39P
EXP: 12/09/25

NDC 58160-821-43
Hepatitis B
Vaccine
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ENGRIX-B 20 mcg/mL
Mfd. by
GlaxoSmithKline
Biologicals
495702

LOT: 5JX2E
EXP: 12/14/26

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

Patient Information	Specimen Information	Client Information
WOODRUFF, MACIE DOB: 01/04/2002 AGE: 23 Gender: F Phone: 334.595.7278 Patient ID: 5369	Specimen: AL230125V Requisition: 0857740 Lab Ref #: 01070296 Collected: 02/28/2025 / 10:50 CST Received: 03/01/2025 / 02:55 CST Reported: 03/03/2025 / 14:52 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
HEPATITIS B SURFACE AB IMMUNITY, QN	>1000		> OR = 10 mIU/mL	AT

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