



## HBV LONGITUDINAL PANEL

(Catalog No. 6517)

For Research Use Only

**Application Notes:** This 13 member panel was collected from a 18 year old Caucasian Male.

PANEL NUMBER	DATE OF DRAW	DATE CRF COMPLETED	DATE OF BIRTH	DODX	SIGNS AND SYMPTOMS	RISK GROUP	MODE OF TRANSMISSION	ALT	ALT DATE	BILIRUBIN	BILIRUBIN DATE	SGOT	SGOT DATE
6517-01	6/21/01	6/25/01	12/26/83	6/18/01	JAUNDICE/HEPATOMEGALY/DARK URINE	IVDA	TRANSFUSION	1230	6/22/01	60	6/22/01	506	6/22/01
6517-02	7/4/01	7/5/01	12/26/83	6/18/01	JAUNDICE/HEPATOMEGALY	IVDA	TRANSFUSION	466	7/5/01	38.7	7/5/01	521	7/5/01
6517-03	7/19/01	7/20/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	320	7/19/01	23.0	7/19/01	360	7/19/01
6517-04	8/1/01	8/6/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	126	8/3/01	12.7	8/3/01	87.8	8/3/01
6517-05	8/15/01	8/20/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	115.4	8/15/01	15.2	8/15/01	90.9	8/15/02
6517-06	8/30/01	9/1/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	47.0	8/31/01	15.0	8/31/01	44.0	8/31/01
6517-07	9/13/01	9/17/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	9.1	9/14/01	15.4	9/14/01	30.1	9/14/01
6517-08	9/27/01	10/2/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	10.0	9/28/01	15.3	9/28/01	53.5	9/28/01
6517-09	10/11/01	10/12/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	13.0	10/11/01	12.9	10/11/01	24.3	10/11/01
6517-10	10/25/01	10/26/01	12/26/83	6/18/01	ASYMPTOMATIC	IVDA	TRANSFUSION	101	10/25/01	8.2	10/25/01	24	10/25/01
6517-11	11/8/01	11/10/01	12/26/83	6/18/01	HEPATOMEGALY	IVDA	TRANSFUSION	296	11/9/01	10.2	11/9/01	133	11/9/01
6517-12	11/21/01	11/23/01	12/26/83	6/18/01	HEPATOMEGALY	IVDA	TRANSFUSION	369.0	11/22/01	8.4	11/22/01	259.0	11/22/01
6517-13	12/4/01	12/7/01	12/26/83	6/18/01	HEPATOMEGALY/ MALAISE	IVDA	TRANSFUSION	107	12/5/01	18.3	12/5/01	993.1	12/5/01



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PANEL NUMBER	CONCURRENT MEDICAL CONDITIONS	MEDICATIONS	ABBOTT HBSAG S/CO	ABBOTT HBC TOTAL S/CO	ABBOTT HBC IGM S/CO	DIASORIN HBEAG S/CO	DIASORIN ANTI-HBE S/CO	ABBOTT ANTI-HBS S/CO	ABBOTT ANTI-HIV 1/2 S/CO	ABBOTT HCV S/CO
6517-01	NONE	AGUA MINERALE/ DUOVIT/ENTEROSORBENT/ SOL. RIBOXINI	>40.8	0.06	>6.4	0.4	0.5	0.3	0.2	>4.9
6517-02	NONE	DUOVIT	0.02	0.05	>6.4	0.1	0.2	0.8	N/A	N/A
6517-03	NONE	DIET N5/ HEPATIC TEA	0.31	0.02	>6.0	0.3	0.06	1.25	N/A	N/A
6517-04	NONE	DIET N5/ AEVIT	0.05	0.02	>6.0	0.3	0.05	1.77	N/A	N/A
6517-05	NONE	DIET N5/ ESSENCIALE	0.05	0.07	5.0	0.4	0.01	3.1	N/A	N/A
6517-06	NONE	DIET N5	0.04	0.05	3.2	0.2	0.02	5.0	N/A	N/A
6517-07	NONE	DIET N5	0.02	0.04	2.0	0.3	0.01	9.9	N/A	N/A
6517-08	NONE	DIET N5	0.02	0.06	1.6	0.2	0.02	7.5	N/A	N/A
6517-09	NONE	DIET N5	0.17	0.06	1.8	0.3	0.02	16.0	N/A	N/A
6517-10	NONE	DIET N5	0.04	0.06	1.4	0.2	0.02	15.7	N/A	N/A
6517-11	NONE	DIET N5/ ESSENCIALE/ AQUA MINERALE/ HEPATIC TEA	0.08	0.06	1.3	0.3	0.02	15.7	N/A	N/A
6517-12	NONE	DIET N5/ ESSENCIALE/ AQUA MINERALE/ HEPATIC TEA	0.08	0.05	1.3	0.3	0.03	20.9	N/A	N/A
6517-13	NONE	DIET N5/ AQUA MINERALE/ ESSENCIALE/ AEVIT/ KORSILI	0.05	0.04	1.2	0.3	0.02	>21.0	N/A	N/A