



## PREPARTICIPATION BLOOD WORK REQUIREMENTS

All athletes are required to complete the Combative Trio Blood Work Panel. The panel includes the following tests and must have a **“NON-REACTIVE”** result in order to be eligible for participation.

- Hepatitis B Virus (HBV) Surface Antigen Test - HBsAg
- Hepatitis C Virus (HCV) Antibody Test
- HIV 4th Generation Duo Antigen/Antibody Test

The results must be submitted on the letterhead of the laboratory that administered the tests. The blood tests must be taken within 6 months of the date of competition. Below is a sample of approved test results.

Sample results. Actual results may vary

<p><b>SPECIMEN INFORMATION</b></p> <p>SPECIMEN: REQUISITION: LAB REF NO:</p> <p>COLLECTED: RECEIVED: REPORTED:</p>	<p><b>PATIENT INFORMATION</b></p> <p>DOB: AGE: GENDER: FASTING:</p> <p>Clinical Info:</p>	<p><b>REPORT STATUS: FINAL</b></p> <p>ORDERING PHYSICIAN</p> <p><b>CLIENT INFORMATION</b></p> <p><b>ACCESSA</b> LABS</p> <p>Order Today <a href="http://www.accessalabs.com/custom">www.accessalabs.com/custom</a></p>
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Test Name	Result	Flag	Reference Range	Lab
FASTING:NO				
<b>HIV 1/2 ANTIGEN/ANTIBODY,FOURTH GENERATION W/RFL</b>				
HIV AG/AB, 4TH GEN	NON-REACTIVE		NON-REACTIVE	01
A Nonreactive HIV Ag/Ab result does not exclude HIV infection since the time frame for seroconversion is variable. If acute HIV infection is suspected, a HIV-1 RNA Qualitative TMA test is recommended.				
PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.				
The performance of this assay has not been clinically validated in patients less than 2 years old.				
<b>HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRMATION</b>				
HEPATITIS B SURFACE ANTIGEN CONFIRMATION	NON-REACTIVE		NON-REACTIVE	01
<b>HEPATITIS C ANTIBODY</b>				
HEPATITIS C ANTIBODY	NON-REACTIVE		NON-REACTIVE	01
SIGNAL TO CUT-OFF	0.04		<1.00	01
<b>DONOR, HTLV I/II ANTIBODY @SCREEN</b>				
DONOR, HTLV I/II ANTIBODY SCREEN	Nonreactive		Nonreactive	02
This test is for eligibility determination of Donors of blood and blood components and human cells, tissues, and cellular and tissue based products (HCT/Ps). This test is not intended to be used for routine clinical or routine diagnostic evaluation.				
<b>RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING</b>				
RPR (DX) W/REFL TITER AND	NON-REACTIVE		NON-REACTIVE	01

**Performing Laboratory Information:**