ARUP LABORATORIES
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500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	4/19/1980
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

West Nile Virus Antibodies, IgG and IgM by ELISA, Serum

ARUP test code 0050226

West Nile Virus Ab, IgG, Ser

4.19 IV H **(Ref Interval: <=1.29)**

INTERPRETIVE INFORMATION: West Nile Virus Ab, IgG by ELISA, Serum

1.29 IV or less	Negative - No significant level of West Nile virus IgG antibody detected.
1.30 - 1.49 IV	Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.50 IV or greater	Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG in serum samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St.Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

West Nile Virus Ab, IgM, Ser

2.56 IV H **(Ref Interval: <=0.89)**

POSITIVE

Specimen is repeatedly POSITIVE for anti-West Nile virus, IgM using the Focus Diagnostics ELISA assay. A false positive rate of 2-3% has been demonstrated with the Focus Diagnostics ELISA assay.

Repeated and verified.

H=High, L=Low, *=Abnormal, C=Critical

INTERPRETIVE INFORMATION: West Nile Virus Ab, IgM by ELISA, Serum

0.89 IV or less ..... Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV ..... Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater ... Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in serum samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St.Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
West Nile Virus Ab, IgG, Ser	23-357-109134	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
West Nile Virus Ab, IgM, Ser	23-357-109134	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical