

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/20/1939
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

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

ARUP test code 0050228

West Nile Virus Antibody IgG CSF

4.31 IV H (Ref Interval: <=1.29)

The CSF specimen shows evidence of blood contamination and is, therefore, likely contaminated with serum antibodies. Antibody testing from this specimen is not recommended as the blood may interfere, causing a false-positive result, that does not represent intrathecally produced antibodies. False negative results are also possible. It is highly recommended that serum testing for the same analyte also be performed in order to aid in interpreting the CSF test result.

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

- 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 CSF 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.

The detection of antibodies to west Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

West Nile Virus Antibody IgM CSF

6.48 IV H (Ref Interval: <=0.89)

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-327-109680
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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The CSF specimen shows evidence of blood contamination and is, therefore, likely contaminated with serum antibodies. Antibody testing from this specimen is not recommended as the blood may interfere, causing a false-positive result, that does not represent intrathecally produced antibodies. False negative results are also possible. It is highly recommended that serum testing for the same analyte also be performed in order to aid in interpreting the CSF test result.

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.

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

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 CSF 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.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

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VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
West Nile Virus Antibody IgG CSF	19-327-109680	11/23/2019 3:30:00 PM	11/25/2019 5:21:39 PM	11/27/2019 4:17:00 PM
West Nile Virus Antibody IgM CSF	19-327-109680	11/23/2019 3:30:00 PM	11/25/2019 5:21:39 PM	12/2/2019 10:49:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at:

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500 Chipeta Way, Salt Lake City, UT 84108-1221
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