

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/1/1976  
**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, CSF**

ARUP test code 0050228

West Nile Virus Antibody IgG CSF **2.83 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.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

West Nile Virus Antibody IgM CSF **1.71 IV H (Ref Interval: <=0.89)**

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

Unless otherwise indicated, testing performed at:

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.

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 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	23-361-137136	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
West Nile Virus Antibody IgM CSF	23-361-137136	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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 23-361-137136  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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