

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/15/1951  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgG**

ARUP test code 0050235

EBV Antibody to Viral Capsid Antigen IgG 10.1 U/mL (Ref Interval: 0.0-21.9)  
 INTERPRETIVE INFORMATION: Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgG  
 17.9 U/mL or less.....Not Detected  
 18.0-21.9 U/mL.....Indeterminate - Repeat testing in 10-14 days may be helpful.  
 22.0 U/mL or greater....Detected

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
EBV Antibody to Viral Capsid Antigen IgG	20-190-400415	7/7/2020 9:30:00 AM	7/9/2020 9:00:43 AM	7/9/2020 1:55:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: