

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/6/1991  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Epstein-Barr Virus Antibody to Nuclear Antigen, IgG**

ARUP test code 0050245

EBV Antibody to Nuclear Antigen IgG

<3.0 U/mL (Ref Interval: 0.0-21.9)

INTERPRETIVE INFORMATION: Epstein-Barr Virus Antibody to Nuclear 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 Nuclear Antigen IgG	22-210-400605	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: