



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

Physician: Doctor, Example

**Patient: Patient, Example** 

DOB 10/7/1969
Gender: Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG

ARUP test code 0050293

HSV Type 1/2 Combined Ab, IgG

13.00 IV

INTERPRETIVE INFORMATION: HSV 1/2 COMBINED Ab SCREEN, IgG 0.89 IV or less........Not Detected 0.90-1.09 IV.......Indeterminate- Repeat testing in 10-14 days may be helpful. 1.10 IV or greater.....Detected

The best evidence for current 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
HSV Type 1/2 Combined Ab, IgG	22-229-114597	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

4848