

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/6/1984  
**Gender:** Male  
**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

0.96 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	20-199-140903	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: