

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 11/23/1970
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Epstein-Barr Virus Antibody Panel I

ARUP test code 0050600

EBV Antibody to Viral Capsid Antigen IgG **231.0 U/mL H** **(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

EBV Antibody to Viral Capsid Antigen IgM **51.9 U/mL H** **(Ref Interval: 0.0-43.9)**
 INTERPRETIVE INFORMATION: Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgM
 35.9 U/mL or less.....Not Detected
 36.0-43.9 U/mL.....Indeterminate - Repeat testing in 10-14 days may be helpful.
 44.0 U/mL or greater....Detected

EBV Antibody to Nuclear Antigen IgG **108.0 U/mL H** **(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

EBV Antibody to Early (D) Antigen IgG **55.0 U/mL H** **(Ref Interval: 0.0-10.9)**
 INTERPRETIVE INFORMATION: Epstein-Barr Virus Antibody to Early D Antigen (EA-D), IgG
 8.9 U/mL or less.....Not Detected
 9.0-10.9 U/mL.....Indeterminate - Repeat testing in 10-14 days may be helpful.
 11.0 U/mL or greater....Detected

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
EBV Antibody to Viral Capsid Antigen IgG	24-198-124570	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Viral Capsid Antigen IgM	24-198-124570	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Nuclear Antigen IgG	24-198-124570	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Early (D) Antigen IgG	24-198-124570	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: 24-198-124570
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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