

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/13/1971
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

>750.0 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

<10.0 U/mL (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

>600.0 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

6.8 U/mL (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	22-210-132848	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Viral Capsid Antigen IgM	22-210-132848	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Nuclear Antigen IgG	22-210-132848	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Early (D) Antigen IgG	22-210-132848	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: 22-210-132848
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 8/3/2022 4:25:55 PM
4848