

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 5/8/2002
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Epstein-Barr Virus Antibody Panel II

ARUP test code 0050602

EBV Antibody to Viral Capsid Antigen IgG <10.0 U/mL (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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
EBV Antibody to Viral Capsid Antigen IgG	22-202-124717	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody to Viral Capsid Antigen IgM	22-202-124717	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: