

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/17/1994  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Rubella Antibody, IgG**

ARUP test code 0050771

Rubella Antibody IgG

10.7 IU/mL

INTERPRETIVE INFORMATION: Rubella Antibody, IgG

Less than 9 IU/mL ..... Not Detected  
9 - 9.9 IU/mL ..... Indeterminate-Repeat testing in  
10-14 days may be helpful.  
10 IU/mL 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.

The magnitude of the measured result is not indicative of the amount of antibody present.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Rubella Antibody IgG	22-173-140687	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: