

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 3/7/1997
Sex: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

TORCH Antibodies, IgG

ARUP test code 0050772

Toxoplasma gondii Ab, IgG

<3.0 IU/mL

INTERPRETIVE INFORMATION: Toxoplasma Ab, IgG

7.1 IU/mL or less..... Not Detected
7.2-8.7 IU/mL Indeterminate-Repeat testing in
10-14 days may be helpful.
8.8 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.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

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

Rubella Antibody IgG

49.8 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.

CMV Antibody IgG

>10.00 U/mL

INTERPRETIVE INFORMATION: Cytomegalovirus Antibody, IgG

0.59 U/mL or less..... Not Detected
0.6 - 0.69 U/mL..... Indeterminate-Repeat testing in
10-14 days may be helpful.
0.70 U/mL or greater..... Detected

In immunocompromised patients, CMV serology (IgG or IgM antibody titers) may not be reliable and may be misleading in the diagnosis of acute or reactivation CMV disease. The preferred

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: 22-117-402226
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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method for diagnosis is culture of virus and/or demonstration of viral antigen in peripheral white cells (buffy coat), bronchoalveolar lavage (BAL) cells, or tissue biopsies.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

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.

HSV Type 1/2 Combined Ab, IgG

10.10 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
Toxoplasma gondii Ab, IgG	22-117-402226	4/27/2022 11:58:00 AM	4/29/2022 8:08:13 AM	4/29/2022 4:21:00 PM
Rubella Antibody IgG	22-117-402226	4/27/2022 11:58:00 AM	4/29/2022 8:08:13 AM	4/29/2022 4:20:00 PM
CMV Antibody IgG	22-117-402226	4/27/2022 11:58:00 AM	4/29/2022 8:08:13 AM	4/29/2022 4:15:00 PM
HSV Type 1/2 Combined Ab, IgG	22-117-402226	4/27/2022 11:58:00 AM	4/29/2022 8:08:13 AM	5/1/2022 3:31:00 AM

END OF CHART

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

Unless otherwise indicated, testing performed at:

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