

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

Physician: Doctor, Example

## **Patient: Patient, Example**

DOB	12/18/1975
Sex:	Female
<b>Patient Identifiers:</b>	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
<b>Collection Date:</b>	01/01/2017 12:34

## Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgA

ARUP test code 0051626

EBV Antibody To Viral Capsid Antigen IgA	1 U REFERENCE INTERVAL: EBV VCA I	(Ref Interval: <=8) GGA, ELISA
	8 U or lessNot de 9-11 UIndete 10-14 12 U or greaterDetect	erminate - Repeat testing in days may be helpful.
	approved by the US Food and D	its performance characteristics es. It has not been cleared or orug Administration. This test was l laboratory and is intended for

VERIFIED/REPORTED DATES					
Procedure	Accession	Collected	Received	Verified/Reported	
EBV Antibody To Viral Capsid Antigen IgA	21-328-136668	11/24/2021 6:37:00 AM	11/27/2021 11:10:21 AM	11/30/2021 1:55:00 PM	

END OF CHART

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

Unless otherwise indicated, testing performed at: