

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/3/2001  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgG and IgA**

ARUP test code 0051627

**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 IgA** 1 U (Ref Interval: <=8)  
 REFERENCE INTERVAL: EBV VCA IgA, ELISA  
 8 U or less.....Not detected  
 9-11 U.....Indeterminate - Repeat testing in 10-14 days may be helpful.  
 12 U or greater.....Detected  
 This test was developed, and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
EBV Antibody to Viral Capsid Antigen IgG	24-093-117414	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EBV Antibody To Viral Capsid Antigen IgA	24-093-117414	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: