

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/9/2004  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Echovirus Antibodies**

ARUP test code 0060053

Echovirus Antibody Type 6	<1:10	(Ref Interval: <1:10)
Echovirus Antibody Type 7	<1:10	(Ref Interval: <1:10)
Echovirus Antibody Type 9	<1:10	(Ref Interval: <1:10)
Echovirus Antibody Type 11	<1:10	(Ref Interval: <1:10)
Echovirus Antibody Type 30	<1:10	(Ref Interval: <1:10)

**INTERPRETIVE INFORMATION:** Echovirus Antibodies  
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Sero-conversion or an increase in titers between acute and convalescent sera of at least fourfold is considered strong evidence of current or recent infection.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Echovirus Antibody Type 6	24-052-136349	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Echovirus Antibody Type 7	24-052-136349	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Echovirus Antibody Type 9	24-052-136349	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Echovirus Antibody Type 11	24-052-136349	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Echovirus Antibody Type 30	24-052-136349	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: