

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/26/2001  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Coxsackie B Virus Antibodies**

ARUP test code 0060055

Coxsackie B Virus Antibody Type 1 <1:10 (Ref Interval: <1:10)

Coxsackie B Virus Antibody Type 2 <1:10 (Ref Interval: <1:10)

Coxsackie B Virus Antibody Type 3 **1:80 \*** (Ref Interval: <1:10)

Coxsackie B Virus Antibody Type 4 <1:10 (Ref Interval: <1:10)

Coxsackie B Virus Antibody Type 5 <1:10 (Ref Interval: <1:10)

Coxsackie B Virus Antibody Type 6 <1:10 (Ref Interval: <1:10)

**INTERPRETIVE INFORMATION: Coxsackie B Virus**  
Single positive antibody titers of greater than or equal to 1:80 may indicate past or current infection. Seropositive 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
Coxsackie B Virus Antibody Type 1	22-072-100151	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Coxsackie B Virus Antibody Type 2	22-072-100151	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Coxsackie B Virus Antibody Type 3	22-072-100151	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Coxsackie B Virus Antibody Type 4	22-072-100151	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Coxsackie B Virus Antibody Type 5	22-072-100151	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Coxsackie B Virus Antibody Type 6	22-072-100151	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: