

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/31/1899
Gender: Unknown
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Arbovirus Antibodies, IgM, Serum

ARUP test code 2001592

West Nile Virus Ab, IgM, Ser

3.00 IV H (Ref Interval: <=0.89)

POSITIVE

Specimen is repeatedly POSITIVE for anti-west Nile virus, IgM using the Focus Diagnostics ELISA assay. A false positive rate of 2-3% has been demonstrated with the Focus Diagnostics ELISA assay.

Repeated and verified.

West Nile Virus is a flavivirus associated with an outbreak of encephalitis in the United States. West Nile Virus IgM is usually detected by the time symptoms appear, but the IgG may not be detectable until day 4 or day 5 of illness. Antibodies induced by West Nile Virus infection show extensive crossreactivity with other flaviviruses, including Dengue Fever Virus and St. Louis Encephalitis Virus.

If the test result was indeterminate or presumptively positive, the case has been reported to the health unit in the county where the patient resides. Please submit a convalescent specimen, collected three weeks after the acute, for confirmatory testing to the Wadsworth Center, New York State Department of Health.

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

Unless otherwise indicated, testing performed at:

INTERPRETIVE INFORMATION: West Nile Virus Ab, IgM by ELISA, Serum

0.89 IV or less Negative - No significant level of West Nile virus IgM antibody detected.
0.90-1.10 IV Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.11 IV or greater ... Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in serum samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

California Encephalitis IgM

< 1:16 (Ref Interval: < 1:16)

INTERPRETIVE DATA: California Encephalitis Antibody, IgM by IFA

This test is intended to be used as a semi-quantitative specific IgM in serum samples in which there is a clinical infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. LaCrosse virus is related within the California Encephalitis Group and generally is reactive with Antibody to other viruses within this group.

St. Louis Encephalitis Ab, IgM, Serum

< 1:16 (Ref Interval: < 1:16)

INTERPRETIVE DATA: St Louis Encephalitis Antibody, IgM by IFA

This test is intended to be used as a semi-quantitative means of detecting St. Louis virus-specific IgM in serum samples in which there is a clinical suspicion of St. Louis virus infection. A positive result for IgM may suggest current or recent infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as West Nile virus, show extensive cross-reactivity with St. Louis virus, serologic testing specific for these species should also be performed.

Eastern Equine Enceph Ab, IgM

< 1:16 (Ref Interval: < 1:16)

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
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-266-107828
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 3 | Printed: 12/7/2020 2:05:15 PM
4848

INTERPRETIVE DATA: EASTERN Equine Encephalitis Antibody, IgM by IFA

This test is intended to be used as a semi-quantitative means of detecting eastern equine encephalitis virus-specific IgM in serum samples in which there is a clinical suspicion of eastern equine encephalitis virus infection. A positive result for IgM may suggest current or recent infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Alphavirus family, such as western equine encephalitis virus, show extensive cross-reactivity with eastern equine encephalitis virus, serologic testing specific for these species should also be performed.

Western Equine Enceph Ab, IgM, Ser

< 1:16 (Ref Interval: < 1:16)

INTERPRETIVE DATA: Western Equine Encephalitis Antibody, IgM by IFA

This test is intended to be used as a semi-quantitative means of detecting western equine encephalitis virus-specific IgM in serum samples in which there is a clinical suspicion of western equine encephalitis virus infection. A positive result for IgM may suggest current or recent infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Alphavirus family, such as eastern equine encephalitis virus, show extensive cross-reactivity with western equine encephalitis virus, serologic testing specific for these species should also be performed.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
West Nile Virus Ab, IgM, Ser	19-266-107828	9/23/2019 11:36:00 AM	9/23/2019 11:37:07 AM	9/23/2019 11:41:00 AM
California Encephalitis IgM	19-266-107828	9/23/2019 11:36:00 AM	9/23/2019 11:37:07 AM	9/23/2019 11:41:00 AM
St. Louis Encephalitis Ab, IgM, Serum	19-266-107828	9/23/2019 11:36:00 AM	9/23/2019 11:37:07 AM	9/23/2019 11:41:00 AM
Eastern Equine Enceph Ab, IgM	19-266-107828	9/23/2019 11:36:00 AM	9/23/2019 11:37:07 AM	9/23/2019 11:41:00 AM
Western Equine Enceph Ab, IgM, Ser	19-266-107828	9/23/2019 11:36:00 AM	9/23/2019 11:37:07 AM	9/23/2019 11:41:00 AM

END OF CHART

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
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-266-107828
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 3 of 3 | Printed: 12/7/2020 2:05:15 PM
4848