

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/4/1944  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Arbovirus Antibodies, IgG and IgM, Serum**

ARUP test code 2001594

West Nile Virus Ab, IgG, Ser

**3.91 IV H (Ref Interval: <=1.29)**

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

- 1.29 IV or less ..... Negative - No significant level of West Nile virus IgG antibody detected.
- 1.30 - 1.49 IV ..... Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
- 1.50 IV or greater ..... Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG 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.

West Nile Virus Ab, IgM, Ser

**6.32 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.

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

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:

INTERPRETIVE INFORMATION: Eastern Equine Enceph Ab, IgM

This test is intended to be used as a semiquantitative means of detecting eastern equine encephalitis virus-specific IgM in serum samples when there is a clinical suspicion of eastern equine encephalitis virus infection. A negative result for IgM does not rule out eastern equine encephalitis virus infection and additional testing is recommended if warranted by clinical history and symptoms. 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.

Calif Encephalitis Antibody IgG

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

INTERPRETIVE DATA: California Encephalitis Antibody, IgG by IFA

A positive result for IgG may suggest a current or recent infection. LaCrosse virus is related to viruses within the California Encephalitis Group and, generally, is reactive with antibody to other viruses within this group.

Eastern Equine Enceph Ab, IgG

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

INTERPRETIVE INFORMATION: Eastern Equine Enceph Ab, IgG

A negative result for IgG does not rule out eastern equine encephalitis virus infection and additional testing is recommended if warranted by clinical history and symptoms. A positive result for IgG may suggest current or recent infection. Eastern equine encephalitis and western equine encephalitis viruses are related and will show cross-reactivity. Initial infection by one of these viruses will show a specific rise in titer, which is higher than titers against any other viruses of the group. However, a subsequent infection by another virus within this group will increase the titer against the initial infecting virus (anamnestic response) and make a specific diagnosis difficult.

Western Equine Enceph Ab, IgG, Serum

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

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

**INTERPRETIVE DATA: Western Equine Encephalitis Antibody, IgG by IFA**

A positive result for IgG may indicate current or past infection. Eastern equine encephalitis and western equine encephalitis viruses are both related and will show cross-reactivity. Initial infection by one of these viruses will show a specific rise in titer which is higher than titers against any other viruses of the group. A subsequent infection by another virus within this group, however, will boost the titer against the initial infecting virus (anamnestic response) and make a specific diagnosis difficult.

**St. Louis Encephalitis Ab, IgG, Serum**

**1:512 \* (Ref Interval: < 1:16)**

**INTERPRETIVE DATA: St. Louis Encephalitis Antibody, IgG BY IFA**

A positive result for IgG may suggest current or recent St. Louis encephalitis viral antigen and, therefore, cannot be differentiated further. The specific virus responsible for such a titer must be deduced by the travel history of the patient, along with available medical and epidemiological data, unless the virus can be isolated.

**VERIFIED/REPORTED DATES**

Procedure	Accession	Collected	Received	Verified/Reported
West Nile Virus Ab, IgG, Ser	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
West Nile Virus Ab, IgM, Ser	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
California Encephalitis IgM	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
St. Louis Encephalitis Ab, IgM, Serum	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Eastern Equine Enceph Ab, IgM	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Western Equine Enceph Ab, IgM, Ser	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Calif Encephalitis Antibody IgG	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Eastern Equine Enceph Ab, IgG	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Western Equine Enceph Ab, IgG, Serum	23-235-142009	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
St. Louis Encephalitis Ab, IgG, Serum	23-235-142009	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:*