

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

Physician: Doctor, Example

## Patient: Patient, Example

| DOB                         | 1/21/2020               |
|-----------------------------|-------------------------|
| Gender:                     | Male                    |
| <b>Patient Identifiers:</b> | 01234567890ABCD, 012345 |
| Visit Number (FIN):         | 01234567890ABCD         |
| <b>Collection Date:</b>     | 00/00/0000 00:00        |

## Chikungunya Antibody, IgM

| Chikungunya Antibody, IgM | <b>1.91 IV H</b><br>REFERENCE INTERVAL:  | <b>(Ref Interval: &lt;=0.79)</b><br>Chikungunya Antibody, IgM   |  |
|---------------------------|--|---|--|
|                           | 0.79 IV or less:   | Negative - No significant level of<br>Chikungunya IgM antibody detected.  |  |
|                           | 0.80-1.09 IV:  | Equivocal - Questionable presence of<br>Chikungunya IgM antibody detected.<br>Repeat testing in 10-14 days may be<br>helpful. |  |
|                           | 1.10 IV or greater:  | Positive - Chikungunya IgM antibody<br>detected.  |  |
|                           | This test was developed and its performance characteristics<br>determined by ARUP Laboratories. It has not been cleared or<br>approved by the US Food and Drug Administration. This test was<br>performed in a CLIA certified laboratory and is intended for<br>clinical purposes. |   |  |

| VERIFIED/REPORTED DATES   |               |                  |                  |                   |  |
|---------------------------|---------------|------------------|------------------|-------------------|--|
| Procedure                 | Accession     | Collected        | Received         | Verified/Reported |  |
| Chikungunya Antibody, IgM | 22-153-401328 | 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: