

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/17/1975  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Chikungunya Antibody, IgM**

ARUP test code 2011810

Chikungunya Antibody, IgM

**2.02 IV H (Ref Interval: <=0.79)**

REFERENCE INTERVAL: Chikungunya Antibody, IgM

0.79 IV or less: Negative - No significant level of Chikungunya IgM antibody detected.  
0.80-1.09 IV: Equivocal - Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.  
1.10 IV or greater: Positive - Chikungunya IgM antibody detected.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Chikungunya Antibody, IgM	24-178-402016	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: