

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/22/1990  
**Gender:** Unknown  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental, With Reflex to HIV-1/HIV-2 by Qualitative NAAT**

ARUP test code 2012669

**HIV-1/2 Ab Differentiation Immunoassay** See Below  
INTERPRETIVE INFORMATION: HIV-1/2 Ab Diff, Supplemental  
This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues, and Cellular and Tissue-Based Products (HCT/P).

**HIV-1 Antibody** **Indeterminate** \* (Ref Interval: Negative)

**HIV-2 Antibody** **Indeterminate** \* (Ref Interval: Negative)

**HIV Serologic Interpretation** **Indeterminate** \*  
HIV Serologic Interpretation - HIV-1 indeterminate, HIV-2 indeterminate  
HIV nucleic acid testing is recommended.  
The specimen is indeterminate for HIV-1 and indeterminate for HIV-2 antibodies by the HIV-1/HIV-2 antibody differentiation assay. Qual HIV-1/HIV-2 nucleic acid testing will be performed on this specimen.

**Human Immunodeficiency Virus 1 and 2 (HIV-1/HIV-2) by Qualitative NAAT**

ARUP test code 3017779

**HIV-1 Qualitative by NAAT** Not Detected (Ref Interval: Not Detected)

**HIV-2 Qualitative by NAAT** Not Detected (Ref Interval: Not Detected)

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

**INTERPRETIVE INFORMATION: HIV 1/2 Qualitative**

This test detects human immunodeficiency virus type 1 (HIV-1) RNA from Group M, N and O subtypes and human immunodeficiency virus type 2 (HIV-2) RNA from Group A and B subtypes; it does not detect HIV proviral DNA. A result of "Not Detected" does not rule out HIV-1/HIV-2 RNA concentrations below the limit of detection of the assay or the presence of inhibitors in the patient specimen. The diagnosis of HIV infection should not be made based solely on a single HIV test result. Diagnosis requires repeat and confirmatory testing as recommended by U.S. Health and Human Services guidelines. Improper specimen handling can cause false negatives or contamination.

This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cells, tissues, and cellular- and tissue-based products (HCT/P).

**VERIFIED/REPORTED DATES**

Procedure	Accession	Collected	Received	Verified/Reported
HIV-1/2 Ab Differentiation Immunoassay	24-297-103815	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HIV-1 Antibody	24-297-103815	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HIV-2 Antibody	24-297-103815	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HIV Serologic Interpretation	24-297-103815	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HIV-1 Qualitative by NAAT	24-297-103815	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HIV-2 Qualitative by NAAT	24-297-103815	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:*