

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

Physician: Doctor, Example

Patient: Patient, Example

DOB 1/31/1983
Sex: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Hepatitis Panel, Acute with Reflex to HBsAg Confirmation and Reflex to HCV by Quantitative NAAT
ARUP test code 3002989

Hepatitis A Antibody, IgM	Equivocal * (Ref Interval: Negative) The anti-HAV, IgM is borderline and is therefore inconclusive. Retesting at one week intervals may assist in determining the seroconversion status of the patient.
Hepatitis B Core Antibody, IgM	Negative (Ref Interval: Negative) INTERPRETIVE INFORMATION: Hepatitis B Core Ab, IgM This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/P).
Hepatitis B Surface Antigen	Negative (Ref Interval: Negative) Based on the non-reactive HBsAg screen, the HBsAg Confirmation test is not indicated and therefore not performed. INTERPRETIVE INFORMATION: Hepatitis B Surface Ag This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/P).
Hepatitis C Antibody by CIA Index	0.04 IV
Hepatitis C Antibody by CIA Interp	Negative (Ref Interval: Negative) Based on the anti-HCV (CIA) screen, the HCV RNA by Quantitative NAAT test is not indicated and therefore not performed. REFERENCE INTERVAL: Hepatitis Panel, Acute w/ HCV NAAT Rflx 0.79 IV or less Negative 0.80 to 0.99 IV Equivocal 1.00 to 10.99 IV Low Positive 11.00 IV or greater High Positive Index Value (IV) = Anti-HCV signal to cutoff (S/C)ratio This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/P).

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

Unless otherwise indicated, testing performed at:

Hepatitis, Acute Panel w/ Rflx Interp

See Note

The anti-HAV, IgM is borderline and is therefore inconclusive. Retesting at one week intervals will help distinguish between a rising or falling antibody titer.

There is no evidence of acute hepatitis B or C infection.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Hepatitis A Antibody, IgM	25-304-149281	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Core Antibody, IgM	25-304-149281	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis B Surface Antigen	25-304-149281	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Index	25-304-149281	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis C Antibody by CIA Interp	25-304-149281	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hepatitis, Acute Panel w/ Rflx Interp	25-304-149281	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 25-304-149281
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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