

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/31/1985
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG (CSF) With Reflex to Type 1 and 2 Glycoprotein G-Specific Ab, IgG

ARUP test code 3017747

HSV 1/2 Antibody Screen IgG, CSF

1.33 IV H (Ref Interval: <=0.89)

INTERPRETIVE INFORMATION: Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG CSF

0.89 IV or Less Negative: No significant level of detectable HSV IgG antibody.

0.90 - 1.09 IV Equivocal: Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful.

1.10 IV or Greater Positive: IgG antibody to HSV detected, which may indicate a current or past HSV infection.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens at least 4 weeks apart are found in 74-94 % of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

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.

Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

ARUP test code 0050379

HSV Type 1 Antibody IgG, CSF

0.90 IV H (Ref Interval: <=0.89)

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

INTERPRETIVE INFORMATION: Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

- 0.89 IV or Less Negative: No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
- 0.90 - 1.10 IV Equivocal: Questionable presence of IgG antibody to HSV type 1. Repeat testing in 10-14 days may be helpful.
- 1.11 IV or Greater ... Positive: IgG antibody to HSV type 1 glycoprotein G detected, which may indicate a current or past infection.

Individuals infected with HSV may not exhibit detectable IgG antibody to type specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

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.

Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

ARUP test code 0050359

HSV Type 2 Antibody IgG, CSF **0.90 IV H** (Ref Interval: <=0.89)

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

INTERPRETIVE INFORMATION: Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF

0.89 IV or Less Negative: No significant level of detectable IgG antibody to HSV type 2 glycoprotein G.

0.90 - 1.10 IV Equivocal: Questionable presence of IgG antibody to HSV type 2. Repeat testing in 10-14 days may be helpful.

1.11 IV or Greater Positive: IgG antibody to HSV type 2 glycoprotein G detected, which may indicate a current or past HSV infection.

Individuals infected with HSV may not exhibit detectable IgG antibody to type specific HSV antigens 1 and 2 in the early stages of infection. Detection of antibody presence in these cases may only be possible using a nontype-specific screening test.

The detection of antibodies to herpes simplex virus in CSF may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

Fourfold or greater rise in CSF antibodies to herpes on specimens at least 4 weeks apart are found in 74-94 percent of patients with herpes encephalitis. Specificity of the test based on a single CSF testing is not established. Presently PCR is the primary means of establishing a diagnosis of herpes encephalitis.

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
HSV 1/2 Antibody Screen IgG, CSF	24-235-121128	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HSV Type 1 Antibody IgG, CSF	24-235-121128	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HSV Type 2 Antibody IgG, CSF	24-235-121128	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: