Client: ARUP Example Report Only
500 Chipeta Way
Salt Lake City, UT 84108
UNITED STATES

Physician: TEST, DR

Patient: ARUPTEST, ENCEPH SER ICHL

DOB	11/15/1970
Sex:	Male
Patient Identifiers:	63914
Visit Number (FIN):	64326
Collection Date:	10/7/2024 10:28

Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum

ARUP test code 3017751

HSV Type 1/2 Combined Ab, IgG

1.00 IV

Specimen tested negative for Herpes Simplex Virus Type 1 and/or Type 2 Antibodies, IgG. No additional testing will be added.

The Herpes IgG is not detected or indeterminate; therefore, no further testing will be added.

INTERPRETIVE INFORMATION: HSV 1/2 COMBINED Ab SCREEN, IgG
0.89 IV or less.....Not Detected
0.90-1.09 IV.....Indeterminate- Repeat testing in 10-14 days may be helpful.
1.10 IV or greater.....Detected

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

West Nile Virus Ab, IgG, Ser

1.10 IV (Ref Interval: <=1.29)

INTERPRETIVE INFORMATION: West Nile Virus Ab, IgG by ELISA, Serum

1.29 IV or less	Negative - No significant level of West Nile virus IgG antibody detected.
1.30 - 1.49 IV	Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.50 IV or greater	Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG in serum samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St.Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered.

Seroconversion between acute and convalescent sera is considered

strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

West Nile Virus Ab, IgM, Ser	0.70 IV (Ref Interval: <=0.89) INTERPRETIVE INFORMATION: West Nile Virus Ab, IgM by ELISA, Serum 0.89 IV or less ..... Negative - No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV ..... Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater ... Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection. This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgM in serum samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St.Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should be considered. Seroconversion between acute and convalescent sera is considered strong evidence of current or recent infection. The best evidence for infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.
Mumps Virus Antibody, IgG	2.0 AU/mL INTERPRETIVE INFORMATION: Mumps Ab, IgG by CIA 8.9 AU/mL or less .... Negative - No significant level of detectable IgG mumps virus antibody 9.0-10.9 AU/mL ..... Equivocal - Repeat testing in 10-14 days may be helpful 11.0 AU/mL or greater: Positive - IgG antibody to mumps virus detected, which may indicate a current or past exposure/ immunization to mumps virus. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.
Mumps Virus Antibody, IgM	0.70 IV (Ref Interval: <=0.79) INTERPRETIVE INFORMATION: Mumps Virus Antibody, IgM 0.79 IV or less: Negative - No significant level of detectable IgM antibody to mumps virus. 0.80 - 1.20 IV: Equivocal - Borderline levels of IgM antibody to mumps virus. Repeat testing in 10-14 days may be helpful. 1.21 IV or greater: Positive - Presence of IgM antibody

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

to mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post-infection or immunization.

Measles, Rubeola, Antibody IgG	2.0 AU/mL INTERPRETIVE INFORMATION: Measles (Rubeola) Antibody, IgG 13.4 AU/mL or less..... Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL ..... Equivocal - Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater .... Positive - IgG antibody to measles (rubeola) detected which may indicate a current or past exposure/immunization to measles (rubeola). The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.
Measles, Rubeola, Antibody IgM	0.60 AU (Ref Interval: 0.00-0.79) INTERPRETIVE INFORMATION: Measles (Rubeola) Antibody, IgM 0.79 AU or less ..... Negative - No significant level of IgM antibody to measles (Rubeola) virus detected. 0.80 - 1.20 AU ..... Equivocal - Repeat testing in 10-14 days may be helpful. 1.21 AU or greater ..... Positive - IgM antibody to measles (Rubeola) virus detected. Suggestive of a current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.
Varicella-Zoster Virus Ab, IgG	>=1.0 S/CO INTERPRETIVE INFORMATION: VZV Ab, IgG <1.0 S/CO: Negative - No significant level of detectable varicella-zoster IgG antibody. >=1.0 S/CO: Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.
Varicella-Zoster Virus Antibody, IgM	0.80 ISR (Ref Interval: <=0.90) INTERPRETIVE INFORMATION: Varicella-Zoster Virus Antibody, IgM 0.90 ISR or less ..... Negative - No significant

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

level of detectable varicella-zoster virus IgM antibody.

0.91-1.09 ISR ..... Equivocal - Repeat testing in 10-14 days may be helpful.

1.10 ISR or greater ..... Positive - Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
HSV Type 1/2 Combined Ab, IgG	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
West Nile Virus Ab, IgG, Ser	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
West Nile Virus Ab, IgM, Ser	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Mumps Virus Antibody, IgG	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Mumps Virus Antibody, IgM	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Measles, Rubeola, Antibody IgG	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Measles, Rubeola, Antibody IgM	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Varicella-Zoster Virus Ab, IgG	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM
Varicella-Zoster Virus Antibody, IgM	24-281-104137	10/7/2024 10:28:00 AM	10/7/2024 10:28:26 AM	10/7/2024 10:30:00 AM

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