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PATIENT REPORT

500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 44 years Female

Specimen Collected: 05-Jun-24 12:09			
HSV 1/2 Ab, IgG Reflex, CSF	Received: 05-Ju	n-24 12:09	Report/Verified: 05-Jun-24 12:23
Procedure	Result	Units	Reference Interval
HSV 1/2 Antibody Screen IgG,C	SF 3.83 H il	IV	[<=0.89]
HSV Type 1 Ab IgG, CSF	Received: 05-Ju	n-24 12:09	Report/Verified: 05-Jun-24 12:54
Procedure	Result	Units	Reference Interval
HSV Type 1 Antibody IgG,CSF	0.90 H i2	IV	[<=0.89]
HSV Type 2 Ab IgG, CSF	Received: 05-Ju	n-24 12:09	Report/Verified: 05-Jun-24 12:54
Procedure	Result	Units	Reference Interval
HSV Type 2 Antibody IgG,CSF	0.90 H i3	IV	[<=0.89]

Test Information

il: HSV 1/2 Antibody Screen IgG, CSF

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.

i2: HSV Type 1 Antibody IgG, CSF

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

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:
ARUP Laboratories
500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 24-157-900137

Report Request ID: 19476936

Printed: 18-Jun-24 11:22

Page 1 of 3

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Patient Age/Sex: 44 years Female

Test Information

2: HSV Type 1 Antibody IgG, 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.

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i3: HSV Type 2 Antibody IgG, CSF

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.

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Page 2 of 3

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 44 years Female

Test Information

i3: HSV Type 2 Antibody IgG, CSF

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.

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Page 3 of 3