ARUP LABORATORIES | aruplab.com
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 REPORT

Patient Age/Sex: 37 years Male

Specimen Collected: 07-Jun-24 14:54

Encephalitis Panel, Serum	**Received: 07-Jun-24 15:09**		**Report/Verified: 10-Jun-24 14:58**
Procedure	**Result**	**Units**	**Reference Interval**
HSV Type 1/2 Combined Ab,IgG	1.11 f1 i1	IV	

Encephalitis Panel, Serum	**Received: 07-Jun-24 15:09**		**Report/Verified: 10-Jun-24 15:24**
Procedure	**Result**	**Units**	**Reference Interval**
West Nile Virus Ab,IgM,Ser	**1.12** H i2	IV	[<=0.89]
Mumps Virus Antibody,IgM	**1.22** H i3	IV	[<=0.79]
Measles,Rubeola,Antibody IgM	**1.22** H i4	AU	[0.00-0.79]
Varicella-Zoster Virus Antibody, IgM	**0.95** H f2 i5	ISR	[<=0.90]

Encephalitis Panel, Serum	**Received: 07-Jun-24 15:09**		**Report/Verified: 10-Jun-24 15:45**
Procedure	**Result**	**Units**	**Reference Interval**
West Nile Virus Ab,IgG,Ser	0.00 i6	IV	[<=1.29]
Mumps Virus Antibody,IgG	0.0 i7	AU/mL	
Measles,Rubeola,Antibody IgG	0.0 i8	AU/mL	
Varicella-Zoster Virus Ab,IgG	0.0 i9	IV	

HSV 1 Glycoprotein G Ab, IgG	**Received: 07-Jun-24 15:09**		**Report/Verified: 10-Jun-24 15:45**
Procedure	**Result**	**Units**	**Reference Interval**
HSV 1 Glycoprotein G Ab,IgG	<0.01 i10	IV	[<=0.89]

HSV 2 Glycoprotein G Ab, IgG	**Received: 07-Jun-24 15:09**		**Report/Verified: 10-Jun-24 15:45**
Procedure	**Result**	**Units**	**Reference Interval**
HSV 2 Glycoprotein G Antibody, IgG	<0.01 i11	IV	[<=0.89]

Result Footnote

f1: HSV Type 1/2 Combined Ab, IgG

Specimen tested positive for Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG. ARUP test codes 0050292 and 0050294 will be added. Additional charges apply.

HSV Type 1 and Type 2 Glycoprotein G-Specific Antibodies, IgG to follow.

f2: Varicella-Zoster Virus Antibody, IgM

Repeated and verified.

Test Information

i1: HSV Type 1/2 Combined Ab, IgG

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.

i2: West Nile Virus Ab, IgM, Ser

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

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

Test Information

i2: West Nile Virus Ab, IgM, Ser

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.

i3: Mumps Virus Antibody, IgM

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 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.

i4: Measles, Rubeola, Antibody IgM

INTERPRETIVE INFORMATION: Measles (Rubeola) Antibody, IgM

Test Information

i4: 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.

i5: Varicella-Zoster Virus Antibody, IgM

INTERPRETIVE INFORMATION: Varicella-Zoster Virus Antibody, IgM

0.90 ISR or less	Negative - No significant 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.

i6: West Nile Virus Ab, IgG, Ser

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

Test Information

i6: West Nile Virus Ab, IgG, Ser

	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.

i7: Mumps Virus Antibody, IgG

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.

i8: Measles, Rubeola, Antibody IgG

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

Test Information

i8: Measles, Rubeola, Antibody IgG

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.

i9: Varicella-Zoster Virus Ab, IgG

INTERPRETIVE INFORMATION: VZV Ab, IgG

134.9 IV or less	Negative - No significant level of detectable IgG varicella-zoster antibody.
135.0 - 164.9 IV	Equivocal - Repeat testing in 10-14 days may be helpful.
165.0 IV or greater	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.

i10: HSV 1 Glycoprotein G Ab, IgG

REFERENCE INTERVAL: HSV 1 Glycoprotein G Ab, IgG

0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
0.90 - 1.09 IV	Equivocal - Questionable presence of IgG antibody to HSV type 1 glycoprotein G. Repeat testing in 10 - 14 days may be helpful.
1.10 IV or greater ...	Positive - IgG antibody to HSV type 1 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 early stages of infection. Detection of antibody presence in these cases may only be possible using a non-type specific screening test.

i11: HSV 2 Glycoprotein G Antibody, IgG

REFERENCE INTERVAL: HSV 2 Glycoprotein G Ab, IgG

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

Test Information

i11: HSV 2 Glycoprotein G Antibody, IgG

0.90 - 1.09 IV	Equivocal - Questionable presence of IgG antibody to HSV type 2 glycoprotein G. Repeat testing in 10 - 14 days may be helpful.
1.10 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 early stages of infection. Detection of antibody presence in these cases may only be possible using a non-type specific screening test.