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PATIENT REPORT

Patient Age/Sex: 37 years Female

Specimen Collected: 12-Jun-24 12:50

Encephalitis Panel, CSF |**Received: 12-Jun-24 12:50** **Report/Verified: 12-Jun-24 14:35**

Procedure	Result	Units	Reference Interval
West Nile Virus Antibody IgG CSF	**3.50** H i1	IV	[<=1.29]
West Nile Virus Antibody IgM CSF	**3.50** H i2	IV	[<=0.89]
Mumps Virus Antibody IgG CSF	3.0 i3	AU/mL	[<=10.9]
Mumps Virus Antibody IgM CSF	**3.50** H i4	IV	[<=0.79]
VZV Antibody IgG CSF	3.0 i5	IV	
VZV Antibody IgM CSF	**3.50** H i6	ISR	[<=0.90]
Measles,Rubeola,Antibody IgG CSF	3.0 i7	AU/mL	[<=16.4]
Measles,Rubeola,Antibody IgM CSF	**3.00** H i8	AU	[0.00-0.79]
HSV 1/2 Antibody Screen IgG,CSF	**4.73** H i9	IV	[<=0.89]

HSV Type 1 Ab IgG, CSF |**Received: 12-Jun-24 12:50** **Report/Verified: 12-Jun-24 15:21**

Procedure	Result	Units	Reference Interval
HSV Type 1 Antibody IgG,CSF	**5.03** H i10	IV	[<=0.89]

HSV Type 2 Ab IgG, CSF |**Received: 12-Jun-24 12:50** **Report/Verified: 12-Jun-24 15:21**

Procedure	Result	Units	Reference Interval
HSV Type 2 Antibody IgG,CSF	**5.02** H i11	IV	[<=0.89]

Test Information

i1: West Nile Virus Antibody IgG CSF

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

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 CSF 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.

Test Information

i1: West Nile Virus Antibody IgG CSF

The detection of antibodies to West Nile virus in cerebrospinal fluid 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.

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: West Nile Virus Antibody IgM CSF

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

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 CSF 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.

The detection of antibodies to West Nile virus in cerebrospinal fluid 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.

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i3: Mumps Virus Antibody IgG CSF

INTERPRETIVE INFORMATION: Mumps Ab, IgG, CSF

Test Information

i3: Mumps Virus Antibody IgG CSF

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 mumps virus infection.

The detection of antibodies to mumps 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.

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i4: Mumps Virus Antibody IgM CSF

INTERPRETIVE INFORMATION: Mumps Virus Antibody, IgM, CSF

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.

The detection of antibodies to mumps 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.

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i5: VZV Antibody IgG CSF

INTERPRETIVE INFORMATION: VZV Ab, IgG, CSF

Test Information

i5: VZV Antibody IgG CSF

134.9 IV or Less	Negative: No significant level of IgG antibody to varicella-zoster virus detected.
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 virus detected, which may indicate a current or past varicella-zoster infection.

The detection of antibodies to varicella-zoster 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.

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i6: VZV Antibody IgM CSF

INTERPRETIVE INFORMATION: VZV Ab, IgM, CSF

0.90 ISR or less	Negative - No significant level of IgM antibody to varicella- zoster detected.
0.91 - 1.09 ISR	Equivocal - Repeat testing in 10-14 days may be helpful.
1.10 ISR or greater	Positive - Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of antibodies may occasionally persist for more than 12 months post-infection.

While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

The detection of antibodies to varicella-zoster 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.

Test Information

i6: VZV Antibody IgM CSF

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i7: Measles, Rubeola, Antibody IgG CSF

INTERPRETIVE INFORMATION: Measles (Rubeola) Antibody, IgG, CSF

13.4 AU/mL or less	Negative - No significant level of IgG antibody to measles (rubeola) virus detected.
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 detection of antibodies to rubeola 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.

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i8: Measles, Rubeola, Antibody IgM CSF

INTERPRETIVE INFORMATION: Measles (Rubeola) Antibody, IgM, CSF

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 antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months

Test Information

i8: Measles, Rubeola, Antibody IgM CSF

post-infection.

The detection of antibodies to rubeola 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.

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i9: 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.

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i10: HSV Type 1 Antibody IgG, CSF

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

Test Information

i10: 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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i11: 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.

Test Information

i11: 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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