



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
West Nile Virus Antibody IgG CSF	0.20	IV	[<=1.29]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
West Nile Virus Antibody IgM CSF	0.30	IV	[<=0.89]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
Mumps Virus Antibody IgG CSF	5.0	AU/mL	[<=10.9]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
Mumps Virus Antibody IgM CSF	0.05	IV	[<=0.79]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
VZV Antibody IgG CSF	22.0	IV		19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
VZV Antibody IgM CSF	0.02	ISR	[<=0.90]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
Measles, Rubeola, Antibody IgG CSF	2.1	AU/mL	[<=16.4]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
Measles, Rubeola, Antibody IgM CSF	0.20	AU	[0.00-0.79]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
HSV 1 and/or 2 Antibodies IgM, CSF	2.30 H	IV	[<=0.89]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
HSV 1/2 Antibody Screen IgG, CSF	5.59 Hf	IV	[<=0.89]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:10:27
HSV Type 1 Antibody IgG, CSF	2.40 H	IV	[<=0.89]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:11:18
HSV Type 2 Antibody IgG, CSF	1.30 H	IV	[<=0.89]	19-344-900050	10-Dec-19 10:02:00	10-Dec-19 10:07:00	10-Dec-19 10:11:18

10-Dec-19 10:02:00 HSV 1/2 Antibody Screen IgG, CSF:

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

10-Dec-19 10:02:00 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.

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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

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10-Dec-19 10:02:00 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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 Mumps Virus Antibody IgG CSF:
INTERPRETIVE INFORMATION: Mumps Ab, 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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 Mumps Virus Antibody IgM CSF:
INTERPRETIVE INFORMATION: Mumps Virus Antibody, IgM, CSF

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- 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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 VZV Antibody IgG CSF:
INTERPRETIVE INFORMATION: VZV Ab, 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.

See Compliance Statement B: www.aruplab.com/CS

10-Dec-19 10:02:00 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

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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 developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 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

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persist for more than 12 months
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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 HSV 1 and/or 2 Antibodies IgM, CSF:
INTERPRETIVE INFORMATION: Herpes Simplex Virus
Type 1 and/or 2 Antibodies,
IgM by ELISA, CSF

- 0.89 IV or Less Negative: No significant level of detectable HSV IgM antibody.
- 0.90 - 1.09 IV Equivocal: Questionable presence of IgM antibodies. Repeat testing in 10-14 days may be helpful.
- 1.10 IV or Greater Positive: IgM antibody to HSV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 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.

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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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 HSV Type 1 Antibody IgG, CSF:
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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

10-Dec-19 10:02:00 HSV Type 2 Antibody IgG, CSF:
INTERPRETIVE INFORMATION: Herpes Simplex Virus Type 2

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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.

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