

Specimen Collected: 6/9/2025 13:15 MDT

Viral Hepatitis Prenatal Panel	Received: 6/9/2025 13:15 MDT	Report/Verified: 6/9/2025 15:33 MDT
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Procedure	Result	Units	Reference Interval
Hepatitis C Antibody by CIA Index	4.00	IV	
Hepatitis B Core Antibodies, Total	Negative ⁱ¹		[Negative]
Hepatitis C Antibody by CIA Interp	Low Pos * ^{f1} ⁱ²		[Negative]

Viral Hepatitis Prenatal Panel	Received: 6/9/2025 13:15 MDT	Report/Verified: 6/9/2025 15:34 MDT
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Procedure	Result	Units	Reference Interval
Hepatitis B Surface Antibody	9.99 ^{f2}	IU/L	

HCV by Quantitative NAAT	Received: 6/9/2025 14:21 MDT	Report/Verified: 6/9/2025 15:52 MDT
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Procedure	Result	Units	Reference Interval
HCV Qnt by NAAT (IU/mL)	5	IU/mL	
HCV Qnt by NAAT (log IU/mL)	5.00	log IU/mL	
HCV Qnt by NAAT Interp	Not Detected ⁱ³		[Not Detected]

Hepatitis B Surface Ag Confirm, Prenatal	Received: 6/9/2025 14:21 MDT	Report/Verified: 6/9/2025 15:52 MDT
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Procedure	Result	Units	Reference Interval
Hepatitis B Surface Ag Confirm, Prenatal	Positive * ^{f3} ⁱ⁴		[Non Confirmed]

Viral Hepatitis Prenatal Panel	Received: 6/9/2025 13:15 MDT	Report/Verified: 6/9/2025 15:53 MDT
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Procedure	Result	Units	Reference Interval
Hepatitis B Surface Antigen, Prenatal	See Confirm ^{f4} ⁱ⁵		[Negative]

Result Footnote

- f1: Hepatitis C Antibody by CIA Interp
It is recommended that Low Positive anti-HCV results be evaluated further. HCV RNA testing will determine if the patient is currently infected.
Refer to the HCV RNA by Quantitative NAAT result for additional detail.
- f2: Hepatitis B Surface Antibody

The anti-HBs is less than 10 IU/L and is therefore negative. There is no evidence of recovery from hepatitis B infection or evidence of antibody response to HBV vaccination.

An anti-HBs result greater than or equal to 10 IU/L indicates immunity.

Reference Interval: anti-HBs

9.99 IU/L or less Negative

10.00 IU/L or greater ... Positive

Results greater than 1,000.00 IU/L are reported as greater than 1,000.00 IU/L.

*=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: 25-160-113992

Report Request ID: 20856039

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Result Footnote

- f3: Hepatitis B Surface Ag Confirm, Prenatal
Hepatitis B surface antigen (HBsAg) did neutralize using anti-HBs. This specimen is therefore POSITIVE for HBsAg. False positives can occur. If the result is not supported by clinical evidence, repeat testing of a new sample usually helps clarify the diagnosis.
- f4: Hepatitis B Surface Antigen, Prenatal
The HBsAg screen is repeatedly reactive at a low level. Refer to HBsAg Confirmation test for additional detail.

Test Information

- i1: Hepatitis B Core Antibodies, Total
INTERPRETIVE INFORMATION: Hepatitis B Core Ab (Total)

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/P).

- i2: Hepatitis C Antibody by CIA Interp
INTERPRETIVE INFORMATION:

Hepatitis C Virus Antibody by CIA Index:

0.79 IV or less Negative
0.80 to 0.99 IV Equivocal
1.00 to 10.99 IV Low Positive
11.00 IV or greater High Positive
Index Value (IV) = Anti-HCV signal to cutoff (S/C)ratio

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/P).

- i3: HCV Qnt by NAAT Interp
INTERPRETIVE INFORMATION: HCV by Quantitative NAAT

The quantitative range of this test is 15-100,000,000 IU/mL (1.18-8.0 log IU/mL).

A result of "Not Detected" does not rule out the presence of inhibitors in the patient specimen or hepatitis C virus RNA concentrations below the level of detection of the test. Care should be taken when interpreting any single viral load determination.

This test is intended for use as an aid in the diagnosis of HCV infection in the following populations: individuals with antibody evidence of HCV with evidence of liver disease, individuals suspected to be actively infected with HCV antibody evidence, and individuals at risk for HCV infection with antibodies to HCV. Detection of HCV RNA indicates that the virus is replicating and therefore is evidence of active infection.

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Test Information

i3: HCV Qnt by NAAT Interp

This test is also intended for use as an aid in the management of patients with an HCV infection undergoing antiviral therapy. The assay can be used to measure HCV RNA levels at baseline, during treatment, at the end of treatment, and at the end of follow-up of treatment to determine sustained or nonsustained viral response. The results must be interpreted within the context of all relevant clinical and laboratory findings.

This test should not be used for blood donor screening, associated reentry protocols, or for screening human cells, tissues, and cellular tissue-based products (HCT/P).

i4: Hepatitis B Surface Ag Confirm, Prenatal

INTERPRETIVE INFORMATION: Hepatitis B Virus Surface Antigen Confirmation, Prenatal

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

i5: Hepatitis B Surface Antigen, Prenatal

INTERPRETIVE INFORMATION: Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal

This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

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