

Patient ID: Specimen ID:

DOB:

Age:

Sex:

Ordering Physician:

Ordered Items: **EBV Ab VCA, IgG; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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### EBV Ab VCA, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
EBV Ab VCA, IgG <sup>01</sup>	<36.0		U/mL	0.0-35.9

	Negative	<36.0
	Equivocal	36.0 - 43.9
	Positive	>43.9

**Disclaimer**  
 The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

**Icon Legend**  
 ▲ Out of reference range    ■ Critical or Alert

#### Performing Labs

<b>Patient Details</b> Date of Birth: Age: Sex: Patient ID:  Alternate Patient ID:	<b>Physician Details</b>  Phone:  Physician ID: NPI:	<b>Specimen Details</b> Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte:
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