

Patient ID: Specimen ID:

DOB:

Age:

Sex:

Ordering Physician:

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

Date Collected:	Date Received:	Date Reported:	Fasting:
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**EBV Ab VCA, IgM**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
EBV Ab VCA, IgM <sup>01</sup>	<36.0		U/mL	0.0-35.9
		Negative	<36.0	
		Equivocal	36.0 - 43.9	
		Positive	>43.9	

\* Previous Reference Interval: (EBV Ab VCA, IgM: 0.0-35.9 U/mL)

**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**

**Patient Details**

Date of Birth: Age:  
Sex:  
Patient ID:

Alternate Patient ID:

**Physician Details**

Phone:  
Physician ID:  
NPI:

**Specimen Details**

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: