Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Fasting: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
EBV EARLY ANTIGEN D AB (IGG)	<9.00		U/mL U/mL Interpretation ---- ---------- <9.00 Negative 9.00-10.99 Equivocal >10.99 Positive	CB
EBV VIRAL CAPSID AG (VCA) AB (IGM)	<36.00		U/mL U/mL Interpretation ---- ---------- <36.00 Negative 36.00-43.99 Equivocal >43.99 Positive	CB
EBV VIRAL CAPSID AG (VCA) AB (IGG)	<18.00		U/mL U/mL Interpretation ---- ---------- <18.00 Negative 18.00-21.99 Equivocal >21.99 Positive	CB
EBV NUCLEAR AG (EBNA) AB (IGG)	<18.00		U/mL U/mL Interpretation ---- ---------- <18.00 Negative 18.00-21.99 Equivocal >21.99 Positive	CB

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