

Patient Information	Specimen Information	Client Information
SWEETEN-STOUEMIRE, A DOB: 08/30/1970 AGE: 49 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL814819H Requisition: 7501457 Collected: 09/23/2019 / 15:15 CDT Received: 09/24/2019 / 01:43 CDT Reported: 09/26/2019 / 14:42 CDT	Client #: 49100638 QATL0000 AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
MMR (IGG) PANEL (MEASLES, MUMPS, RUBELLA)				
MEASLES ANTIBODY (IGG)	>300.00		AU/mL	AT
AU/mL	Interpretation			
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<25.00	Negative			
25.00-29.99	Equivocal			
>29.99	Positive			
A positive result indicates that the patient has antibody to measles virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.				
MUMPS VIRUS				AT
ANTIBODY (IGG)	19.00		AU/mL	
AU/mL	Interpretation			
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<9.00	Negative			
9.00-10.99	Equivocal			
>10.99	Positive			
A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.				
RUBELLA IMMUNE STATUS				AT
RUBELLA ANTIBODY (IGG)	27.80		index	
Index	Interpretation			
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<0.90	Not consistent with Immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with Immunity			
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.				
HEPATITIS B SURFACE AB				AT
IMMUNITY, QN	100		> OR = 10 mIU/mL	
Patient has immunity to hepatitis B virus.				
For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ105 (This link is being provided for informational/educational purposes only).				
VARICELLA ZOSTER VIRUS				AT
ANTIBODY (IGG)	1782.00		index	
Index	Interpretation			
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<135.00	Negative - Antibody not detected			
135.00 - 164.99	Equivocal			
> or = 165.00	Positive - Antibody detected			

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A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection. A more sensitive test for vaccination-induced immunity is Varicella Zoster Virus Antibody Immunity Screen, ACIF.

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931