

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results**Patient Name:** RAINA YARROCH**Order Date:** 07/16/2025**MRN:** 5462**DOB:** 12/09/1974**Phone:** (334) 657-2926**Gender:** FEMALE**Placer Order ID:** 2613245**Physician:** FAIN**Filler Order ID:** 19705101920**Physician ID:** 1265085633**Specimen Date:** 07/16/2025 8:29 AM**Fasting:** N**Result Date:** 07/17/2025 5:36 AM**Disposition:****Specimen Source:**

VARICELLA-ZOSTER V AB, IGG

096206 STATUS: FINAL

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
VARICELLA ZOSTER IGG		Reactive		Non Reactive	F	01

****Please note reference interval change****

A Reactive result is considered evidence of immunity to VZV.
Reactive indicates that VZV IgG was detected consistent with
previous infection and/or vaccination.

A Non Reactive result indicates that VZV IgG was not detected
suggesting that immunity has not been acquired.

Lab

LABCORP BIRMINGHAM - 01

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Comments:**Confidential**