

**Auburn Montgomery Student Health Services**

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

**Laboratory Results****Patient Name:** ABIGAIL THORNTON**Order Date:** 11/07/2025**MRN:** 5472**DOB:** 01/09/2003**Phone:** (334) 354-8854**Gender:** FEMALE**Placer Order ID:** 2698470**Physician:** GUTHRIE**Filler Order ID:** 31105100330**Physician ID:** 1497019731**Specimen Date:** 11/07/2025 2:18 PM**Fasting:** N**Result Date:** 11/08/2025 7:37 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 |                 | Non<br>Reactive     |                        | Non<br>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**