

## LAB ALERT: NEW TEST

**NOTIFICATION DATE: 9/20/2013**

**EFFECTIVE DATE: 9/26/2013**

### EPSTEIN-BARR VIRUS (EBV) ANTIBODIES

**TEST CODE:** EPBQ

**INTERFACE CODE:** 1004135

**ANNOUNCEMENT:** Laboratory testing for exposure to Epstein-Barr Virus (EBV) consists of the detection of IgG antibodies to three separate EBV antigens; EBV Nuclear Antigen-1 (EBV NA-1), EBV Viral Capsid Antigen (EBV VCA), and EBV Early Antigen diffuse (EBV EA-D). Historically, med fusion laboratory has reported these three tests as Qualitative (Negative, Equivocal, and Positive), based on the calculation of an Antibody Index. As of the Effective Date above, the laboratory will begin reporting both the Antibody Index and the Qualitative Result for each of these three markers via the new test code.

Antibody Index (AI)	Result	Interpretation
≤ 0.8 AI	Negative	A result of ≤ 0.8 AI for any of the three EBV markers indicates no detectable IgG antibody to that particular marker and should be reported as negative for IgG antibody to that marker. If all three markers are negative and exposure to Epstein-Barr virus is suspected, a second sample should be collected and tested less than one to two weeks later.
0.9 AI - 1.0 AI	Equivocal	Specimens with results in the Equivocal range (0.9 to 1.0 AI) for any of the three markers should have a second freshly collected sample obtained and tested.
≥ 1.1 AI	Positive	A result of ≥ 1.1 AI for any of the three EBV markers indicates that the specimen is positive for IgG antibody to that marker. A positive test result presumes a current or past infection with EBV, and should be reported as positive for IgG antibody to the marker(s). Other EBV serology assays such as the EBV VCA IgM should be performed to confirm serological status, active acute, past or indeterminate infection for EBV-associated infectious mononucleosis.

**ORDER/CONTACT INFORMATION:** *ClearPoint Client Services: 972-966-7700 | Fax: 972-966-7799*