

Patient Name : Demo Patient Name  
Age / Sex : 65 Y / F  
Referred By : DEMO HOSPITAL  
Centre : HOD Head Office

Lab No : Demo Visit No  
Registration On : 31-Dec-25 09:32  
Patient ID : UHID.DEMO.001

| EBV VCA Antibody IgG                |        |                               |                                                         | Serum Sample                 |
|-------------------------------------|--------|-------------------------------|---------------------------------------------------------|------------------------------|
| Accession No: DEMO_BARCODE          |        | Collected On: 31-Dec-25 09:32 | Received On: 31-Dec-25 14:09                            | Approved On: 31-Dec-25 16:57 |
| Observation                         | Result | Unit                          | Biological Ref. Interval                                | Method                       |
| Epstein-Barr Virus VCA Antibody IgG | 5.25   | TV                            | ≤0.09:Negative<br>0.10-0.20:Equivocal<br>≥0.21:Positive | ELFA                         |

**Clinical Significance:** The Epstein-Barr virus (EBV, also called Human Herpesvirus 4 (HHV4)) is ubiquitous. It was identified as the cause of infectious mononucleosis (IM). In adolescents and young adults, EBV may cause an infectious mononucleosis still known as Pfeiffer's disease (glandular fever) or the kissing disease. In young children, EBV infection is usually asymptomatic. Transmission mainly occurs through contact with saliva. Indeed, EBV replication takes place in the oropharyngeal epithelial cells where the virions are released into the saliva by infected B-lymphocytes. VIDAS EBV VCA/EA IgG is an automated test for use on the VIDAS family instruments, for the qualitative detection of anti-VCA and anti-EA IgG in human serum using the ELFA technique (Enzyme Linked Fluorescent Assay). Detection of these specific antibodies is an aid in diagnosing infectious mononucleosis (IM). When IM occurs, heterophile antibodies appear in 60-80% of cases, anti-EA antibodies in 70-80% of cases, anti-VCA IgM antibodies in 100% of cases and anti-VCA IgG antibodies in nearly 100% of cases. During the convalescent phase, anti-VCA IgG antibodies persist and approximately 95% of patients produce antiEBNA IgG antibodies (1, 2, 3, 4, 5).

Remarks: Please correlate with clinical conditions



This is a Demo Signature  
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

