

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/20/2015
Sex: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Rickettsia typhi (Typhus Fever) Antibodies, IgG & IgM by IFA

ARUP test code 0050384

Typhus Fever Antibody, IgG

<1:64 (Ref Interval: <1:64)
INTERPRETIVE INFORMATION: Typhus Fever Antibody, IgG
Less than 1:64 Negative - No significant level of IgG antibody detected.
1:64 - 1:128 Equivocal - Questionable presence of IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1:256 or greater Positive - Presence of IgG antibody to detected, suggestive of current or past infection.

Antibody reactivity to Rickettsia typhi antigen should be considered group-reactive for the Typhus Fever group, which includes Rickettsia prowazekii.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. Acute-phase specimens are collected during the first week of illness and convalescent-phase samples are generally obtained 2-4 weeks after resolution of illness. Ideally these samples should be tested simultaneously at the same facility. If the samples submitted was collected during the acute phase of illness, submit a marked convalescent sample within 25 days for paired testing.

Typhus Fever Antibody, IgM

<1:64 (Ref Interval: <1:64)
INTERPRETIVE INFORMATION: Typhus Fever Antibody, IgM
Less than 1:64 Negative-No significant level of IgM antibody detected.
1:64 or greater Positive-Presence of IgM antibody detected, which may indicate a current or recent infection; however, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Antibody reactivity to Rickettsia typhi antigen should be considered group-reactive for the Typhus Fever group, which

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 22-114-104871
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 1 of 2 | Printed: 9/29/2022 2:41:43 PM

includes *Rickettsia prowazekii*.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. Acute-phase specimens are collected during the first week of illness and convalescent-phase samples are generally obtained 2-4 weeks after resolution of illness. Ideally these samples should be tested simultaneously at the same facility. If the sample submitted was collected during the acute-phase of illness, submit a marked convalescent sample within 25 days for paired testing.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Typhus Fever Antibody, IgG	22-114-104871	4/24/2022 3:25:00 PM	4/26/2022 6:20:21 PM	4/27/2022 6:44:00 PM
Typhus Fever Antibody, IgM	22-114-104871	4/24/2022 3:25:00 PM	4/26/2022 6:20:21 PM	4/27/2022 6:44:00 PM

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 22-114-104871
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 9/29/2022 2:41:43 PM