

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 10/7/2005  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

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

ARUP test code 0050384

Typhus Fever Antibody, IgG

**1:128 \* (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

**1:256 \* (Ref Interval: <1:64)**

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

**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 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	24-090-400020	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Typhus Fever Antibody, IgM	24-090-400020	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

**END OF CHART**

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

*Unless otherwise indicated, testing performed at:*