

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/11/2005  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Diphtheria, Tetanus, and H. Influenzae b Antibodies, IgG**

ARUP test code 0050779

Diphtheria Antibody, IgG

3.5 IU/mL

INTERPRETIVE INFORMATION: Diphtheria Ab, IgG

Antibody concentration of greater than 0.1 IU/mL is usually considered protective.

Responder status is determined according to the ratio of a one month post-vaccination sample to pre-vaccination concentrations of Diphtheria IgG Abs as follows:

1. If the one month post-vaccination concentration is less than 1.0 IU/mL, the patient is considered to be a non-responder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU/mL, a patient with a ratio of less than 1.5 is a non-responder, a ratio of 1.5 to less than 3.0, a weak responder, and a ratio of 3.0 or greater, a good responder.
3. If the pre-vaccination concentration is greater than 1.0 IU/mL, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU/mL in this case is usually adequate.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Tetanus Antibody, IgG

4.2 IU/mL

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

**INTERPRETIVE INFORMATION: Tetanus Ab, IgG**

Antibody concentration of greater than 0.1 IU/mL is usually considered protective.

Responder status is determined according to the ratio of a one-month post-vaccination sample to pre-vaccination concentration of Tetanus IgG Abs as follows:

1. If the one month post-vaccination concentration is less than 1.0 IU/mL, the patient is considered a non-responder.
2. If the post-vaccination concentration is greater than or equal to 1.0 IU/mL, a patient with a ratio of less than 1.5 is a non-responder, a ratio of 1.5 to less than 3.0, a weak responder, and a ratio of 3.0 or greater, a good responder.
3. If the pre-vaccination concentration is greater than 1.0 IU/mL, it may be difficult to assess the response based on a ratio alone. A post-vaccination concentration above 2.5 IU/mL in this case is usually adequate.

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**Haemophilus influenzae b Antibody, IgG**

4.3 ug/mL

**INTERPRETIVE INFORMATION: H. Influenzae b Ab, IgG**

Less than 1.0 ug/mL ..... Antibody concentration not protective.

1.0 ug/mL or greater ..... Antibodies to H. Influenzae b detected. Suggestive of protection.

Responder status is determined according to the ratio of post-vaccination concentration to pre-vaccination concentration of Haemophilus influenza b antibody, IgG as follows:

1. If the post-vaccination concentration is less than 3.0 ug/mL, the patient is considered to be a non-responder.
2. If the post-vaccination concentration is greater than or equal to 3.0 ug/mL, a patient with a ratio of greater than or equal to 4 is a good responder, a ratio of 2-4 is a weak responder, and a ratio of less than 2 is considered a non-responder.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Diphtheria Antibody, IgG	24-122-148779	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tetanus Antibody, IgG	24-122-148779	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Haemophilus influenzae b Antibody, IgG	24-122-148779	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:

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: 24-122-148779  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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