

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 11/10/1982  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Malaria Species Identification by PCR**

ARUP test code 2004963

Malaria by PCR, *P. falciparum* Not Detected

Malaria by PCR, *P. knowlesi* Not Detected

Malaria by PCR, *P. vivax* Not Detected

Malaria by PCR, *P. malariae* Not Detected

Malaria by PCR, *P. ovale* **Detected** \*

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

Unless otherwise indicated, testing performed at:

**INTERPRETIVE INFORMATION: Malaria Species Identification by PCR**

This qualitative test is intended only for the species identification of confirmed malarial infections. It is not intended to monitor treatment or to be used on repeat specimens for the evaluation of parasitic clearance. A positive result may still be obtained in the absence of visible parasites.

Detection of asymptomatic parasitemia in individuals from malaria-endemic areas is possible. Therefore, this test should only be used in conjunction with patient travel history and symptoms consistent with malaria. Only circulating parasites within the blood will be detected in this assay. Latent phase hypnozoites of Plasmodium ovale and Plasmodium vivax may not be detected.

Mixed infections (eg. multiple Plasmodium spp. present) may not be accurately identified if parasitemia is significantly higher for one of the Plasmodium spp.

This test will not detect other blood-borne parasites such as Babesia spp. and trypanosomes, which may have similar clinical presentation. A negative result on this assay does not rule out the presence of PCR inhibitors in the patient specimen or assay-specific nucleic acid in concentrations below the level of detection by the assay.

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.

**VERIFIED/REPORTED DATES**

Procedure	Accession	Collected	Received	Verified/Reported
Malaria by PCR, P. falciparum	23-123-146053	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. knowlesi	23-123-146053	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. vivax	23-123-146053	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. malariae	23-123-146053	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. ovale	23-123-146053	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:*