

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/30/1966
Gender: Female
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* **Detected** *

Malaria by PCR, *P. malariae* Not Detected

Malaria by PCR, *P. ovale* Not 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	21-355-115096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. knowlesi	21-355-115096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. vivax	21-355-115096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. malariae	21-355-115096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Malaria by PCR, P. ovale	21-355-115096	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: