ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	10/19/2001
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Febrile Antibodies Identification Panel

ARUP test code 2010805

Brucella Ab (Total) by Agglutination	<1:20		(Ref Interval: <1:20)

INTERPRETIVE INFORMATION: Brucella Ab (Total) by Agglutination

Cross-reactions may occur between Brucella and F. tularensis antigens and antisera; therefore, parallel tests should be run with these antigens. A fourfold rise in titer is considered diagnostic. A single serum titer of 1:80 or 1:160 is suggestive of brucellosis when accompanied by a compatible clinical course in a patient with a history of potential exposures.

Rocky Mt Spotted Fever IgG	**1:512**	*	**(Ref Interval: <1:64)**

INTERPRETIVE INFORMATION: Rickettsia rickettsii (Rocky Mtn. Spotted Fever) Ab, IgG

Less than 1:64	Negative - No significant level of IgG antibody detected.
1:64 - 1:128	Low Positive - Presence of IgG Antibody detected, suggestive of current or past infection.
1:256 or greater	Positive - Presence of IgG antibody detected, suggestive of current or past infection.

Antibody reactivity to Rickettsia rickettsii antigen should be considered Spotted Fever group reactive. Other organisms within the group include R. akari, R. conorrii, R. australis and R. sibirica.

Seroconversion, a fourfold or greater rise in antibody titer, between acute and convalescent sera is considered strong evidence of recent infection. 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.

Rocky Mt Spotted Fever IgM	**1:512**	*	**(Ref Interval: <1:64)**

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

INTERPRETIVE INFORMATION: Rickettsia rickettsii (Rocky Mtn. Spotted Fever) Ab, 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 rickettsii antigen should be considered Spotted Fever group reactive. Other organisms within the group include R. akari, R. conorrii, R. australis and R. sibirica.

Seroconversion, a fourfold or greater rise in antibody titer, between acute and convalescent sera is considered strong evidence of recent infection. 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.

The CDC does not use IgM results for routine diagnostic testing of Rocky Mountain Spotted Fever, as the response may not be specific for the agent (resulting in false positives) and the IgM response may be persistent from past infection.

Typhus Fever Antibody, IgG	1:1024	*	(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 convalecsent sample within 25 days for paired testing.

Typhus Fever Antibody, IgM	>1:1024	H	(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 actue-phase of illness, submit a marked convalescent sample within 25 days for paired testing.

Salmonella paratyphi/typhi Abs Interp	**Positive** *	**(Ref Interval: Negative)**

Antibodies to Salmonella typhi (H type D) detected. Crossreactivity with other Salmonella species cannot be excluded.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Brucella Ab (Total) by Agglutination	24-222-103641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rocky Mt Spotted Fever IgG	24-222-103641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rocky Mt Spotted Fever IgM	24-222-103641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Typhus Fever Antibody, IgG	24-222-103641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Typhus Fever Antibody, IgM	24-222-103641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Salmonella paratyphi/typhi Abs Interp	24-222-103641	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