



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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/8/1963  
Gender: Male  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
Collection Date: 00/00/0000 00:00

Coxiella burnetii (Q-Fever) Antibodies, IgG and IgM, Phase I and II with Reflex to Titer

ARUP test code 2012634

C. Burnetii Abs, IgG Phase I Screen

Negative (Ref Interval: Negative)  
INTERPRETIVE INFORMATION: C. Burnetii Abs, IgG Phase I Screen

Acute Q fever is best demonstrated by a four-fold rise in phase II IgG titers when comparing two serum samples collected 3-6 weeks apart, and testing is performed in the same laboratory at the same time. Phase I IgG titers can increase during seroconversion. However, in the case of acute infection, the phase I titer should remain lower than the phase II titer. IgM antibodies to phase II antigens provide ancillary information to IgG titers. Phase II IgM titers develop in the same time period of phase II IgG titers and can persist for over a year. A single phase II IgM positive result on an acute sample represents an early conversion or a false positive; testing of a convalescent serum is necessary. In the absence of an acute sample, a single convalescent serum sample with a phase II IgG titer greater than 1:128 in a patient who has been ill longer than 1 week indicates probable acute Q fever. Chronic Q fever is best demonstrated by a phase I titer greater than the phase II IgG titer. Phase I IgM antibodies may also develop concurrently with phase I IgG antibodies. However, in the absence of a phase I IgG titer, the diagnostic value of a phase I IgM titer is limited. Phase I and phase II IgM and IgG titers may remain elevated for months or years after acute infection or during convalescence.

Coxiella burnetii (Q-Fever) Antibody IgG, Phase I is negative. No further testing will be performed.

C. Burnetii Abs, IgG Phase II Screen

Negative (Ref Interval: Negative)

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

INTERPRETIVE INFORMATION: C. Burnetii Abs, IgG Phase II Screen

Acute Q fever is best demonstrated by a four-fold rise in phase II IgG titers when comparing two serum samples collected 3-6 weeks apart, and testing is performed in the same laboratory at the same time. Phase I IgG titers can increase during seroconversion. However, in the case of acute infection, the phase I titer should remain lower than the phase II titer. IgM antibodies to phase II antigens provide ancillary information to IgG titers. Phase II IgM titers develop in the same time period of phase II IgG titers and can persist for over a year. A single phase II IgM positive result on an acute sample represents an early conversion or a false positive; testing of a convalescent serum is necessary. In the absence of an acute sample, a single convalescent serum sample with a phase II IgG titer greater than 1:128 in a patient who has been ill longer than 1 week indicates probable acute Q fever. Chronic Q fever is best demonstrated by a phase I titer greater than the phase II IgG titer. Phase I IgM antibodies may also develop concurrently with phase I IgG antibodies. However, in the absence of a phase I IgG titer, the diagnostic value of a phase I IgM titer is limited. Phase I and phase II IgM and IgG titers may remain elevated for months or years after acute infection or during convalescence.

Coxiella burnetii (Q-Fever) Antibody IgG, Phase II is negative. No further testing will be performed.

C. burnetii (Q-Fever) Ab, Phase I IgM

Negative

(Ref Interval: Negative)

Coxiella burnetii (Q-Fever) Antibody IgM, Phase I is negative. No further testing will be performed.

INTERPRETIVE INFORMATION: C. burnetii (Q-Fever) Ab, Phase I IgM

Acute Q fever is best demonstrated by a four-fold rise in phase II IgG titers when comparing two serum samples collected 3-6 weeks apart, and testing is performed in the same laboratory at the same time. Phase I IgG titers can increase during seroconversion. However, in the case of acute infection, the phase I titer should remain lower than the phase II titer. IgM antibodies to phase II antigens provide ancillary information to IgG titers. Phase II IgM titers develop in the same time period of phase II IgG titers and can persist for over a year. A single phase II IgM positive result on an acute sample represents an early conversion or a false positive; testing of a convalescent serum is necessary. In the absence of an acute sample, a single convalescent serum sample with a phase II IgG titer greater than 1:128 in a patient who has been ill longer than 1 week indicates probable acute Q fever. Chronic Q fever is best demonstrated by a phase I titer greater than the phase II IgG titer. Phase I IgM antibodies may also develop concurrently with phase I IgG antibodies. However, in the absence of a phase I IgG titer, the diagnostic value of a phase I IgM titer is limited. Phase I and phase II IgM and IgG titers may remain elevated for months or years after acute infection or during convalescence.

C. burnetii (Q-Fever) Ab, Phase II IgM

Negative

(Ref Interval: Negative)

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

Coxiella burnetii (Q-Fever) Antibody IgM, Phase II is negative.  
No further testing will be performed.

INTERPRETIVE INFORMATION: C. burnetii (Q-Fever) Ab,  
Phase II IgM

Acute Q fever is best demonstrated by a four-fold rise in phase II IgG titers when comparing two serum samples collected 3-6 weeks apart, and testing is performed in the same laboratory at the same time. Phase I IgG titers can increase during seroconversion. However, in the case of acute infection, the phase I titer should remain lower than the phase II titer. IgM antibodies to phase II antigens provide ancillary information to IgG titers. Phase II IgM titers develop in the same time period of phase II IgG titers and can persist for over a year. A single phase II IgM positive result on an acute sample represents an early conversion or a false positive; testing of a convalescent serum is necessary. In the absence of an acute sample, a single convalescent serum sample with a phase II IgG titer greater than 1:128 in a patient who has been ill longer than 1 week indicates probable acute Q fever. Chronic Q fever is best demonstrated by a phase I titer greater than the phase II IgG titer. Phase I IgM antibodies may also develop concurrently with phase I IgG antibodies. However, in the absence of a phase I IgG titer, the diagnostic value of a phase I IgM titer is limited. Phase I and phase II IgM and IgG titers may remain elevated for months or years after acute infection or during convalescence.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
C. Burnetii Abs, IgG Phase I Screen	24-118-100324	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
C. Burnetii Abs, IgG Phase II Screen	24-118-100324	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
C. burnetii (Q-Fever) Ab, Phase I IgM	24-118-100324	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
C. burnetii (Q-Fever) Ab, Phase II IgM	24-118-100324	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