ARUP® LABORATORIES

800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Report |**FINAL**

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	10/4/1979
Sex:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

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   **Positive**   *   (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.

C. Burnetii Abs, IgG Phase II Screen   **Positive**   *   (Ref Interval: Negative)

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

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

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Patient: Patient, Example
ARUP Accession: 22-144-108693
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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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 I IgM

Positive   *   (Ref Interval: Negative)

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

Positive   *   (Ref Interval: Negative)

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.

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Patient Identifiers: 01234567890ABCD, 012345
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Coxiella burnetii (Q-Fever) Antibody, IgG Phase II Titer (Reflex for NEW TEST QFG2 SCRN Not Orderable by Clients)
ARUP test code 2012632

| Q-Fever Phase II IgG Titer | 1:2048 | (Ref Interval: < 1:16) |

Coxiella burnetii (Q-Fever) Antibody, IgM Phase I Titer (Reflex for NEW TEST QFG1 SCRN Not Orderable by Clients)
ARUP test code 2012643

| Q-Fever Phase I IgM Titer | 1:1024 | (Ref Interval: < 1:16) |

Coxiella burnetii (Q-Fever) Antibody, IgM Phase II Titer (Reflex for NEW TEST QFG1 SCRN Not Orderable by Clients)
ARUP test code 2012645

| Q-Fever Phase II IgM Titer | 1:8192 | (Ref Interval: < 1:16) |

Coxiella burnetii (Q-Fever) Antibody, IgG Phase I Titer (Reflex for NEW TEST QFG1 SCRN Not Orderable by Clients)
ARUP test code 2012630

| Q-Fever Phase I IgG Titer | 1:1024 | (Ref Interval: < 1:16) |

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
C. Burnetii Abs, IgG Phase I Screen	22-144-108693	5/24/2022 7:01:00 AM	5/25/2022 3:21:20 AM	5/26/2022 7:05:00 AM
C. Burnetii Abs, IgG Phase II Screen	22-144-108693	5/24/2022 7:01:00 AM	5/25/2022 3:21:20 AM	5/26/2022 7:05:00 AM
C. burnetii (Q-Fever) Ab, Phase I IgM	22-144-108693	5/24/2022 7:01:00 AM	5/25/2022 3:21:20 AM	5/26/2022 7:05:00 AM
C. burnetii (Q-Fever) Ab, Phase II IgM	22-144-108693	5/24/2022 7:01:00 AM	5/25/2022 3:21:20 AM	5/26/2022 7:05:00 AM
Q-Fever Phase I IgG Titer	22-144-108693	5/24/2022 7:01:00 AM	5/26/2022 7:05:20 AM	5/26/2022 7:06:00 AM
Q-Fever Phase I IgM Titer	22-144-108693	5/24/2022 7:01:00 AM	5/26/2022 7:05:19 AM	5/26/2022 7:05:00 AM
Q-Fever Phase II IgG Titer	22-144-108693	5/24/2022 7:01:00 AM	5/26/2022 7:05:18 AM	5/26/2022 7:05:00 AM
Q-Fever Phase II IgM Titer	22-144-108693	5/24/2022 7:01:00 AM	5/26/2022 7:05:19 AM	5/26/2022 7:06:00 AM

END OF CHART

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