

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 6/3/1969
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF

ARUP test code 3000230

Coccidioides Ab by CF, CSF	1:32	*	(Ref Interval: <1:2)
<p>INTERPRETIVE INFORMATION: Coccidioides Ab by Complement Fixation (CF)</p> <p>Any titer suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative Complement Fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.</p> <p>Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS</p>			
Histoplasma M, CSF (CF)	1:4	*	(Ref Interval: <1:2)
Histoplasma Y, CSF (CF)	1:8	*	(Ref Interval: <1:2)
<p>INTERPRETIVE INFORMATION: Histoplasma Y, CSF (CF)</p> <p>An antibody titer greater than or equal to 1:8 is generally considered presumptive evidence of histoplasmosis. Greater than 1:32 or rising titers indicate strong presumptive evidence of histoplasmosis.</p> <p>The yeast phase is regarded as more sensitive. Approximate 90-95 percent of cases have positive titers to one or both antigens. Titers to mycelial antigen are higher in chronic infection. Cross reactions, usually at lower titers, may occur with other fungal disease. Rising titers suggest progression of infection. Skin tests in individuals previously exposed may cause titer elevation in 17-20 percent of cases.</p>			
Aspergillus Antibody, CSF (CF)	1:16	*	(Ref Interval: <1:2)

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-210-103984
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 1 of 3 | Printed: 12/7/2020 2:54:08 PM
4848

INTERPRETIVE INFORMATION: Aspergillus Antibody, CSF (CF)

Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus. A negative test does not exclude infection, especially in immuno-compromised patients. Best use of test is with paired sera taken three weeks apart to detect a rise in titer against a single antigen.

Blastomyces Antibody by EIA, CSF

2.3 IV H (Ref Interval: <=0.9)

Blastomyces antibodies are elevated, Blastomyces by Immunodiffusion will be performed. An elevated Blastomyces EIA result in combination with a None Detected Immunodiffusion result may indicate either early infection or a falsely elevated EIA result. Repeat testing in 10 - 14 days may help clarify the diagnosis.

INTERPRETIVE INFORMATION: Blastomyces Antibody by EIA, CSF

0.9 IV or less.....Negative
1.0-1.4 IV.....Equivocal
1.5 IV or greater....Positive

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF (Reflex for FUNG R CSF and BLST R CSF Not Orderable by Clients)

ARUP test code 3000232

Blastomyces by Immunodiffusion, CSF

Detected * (Ref Interval: None Detected)

INTERPRETIVE INFORMATION: Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF
A positive result may suggest active or recent infection. The test is positive in about 80 percent of cases. Cross-reactions occur, especially with histoplasmosis. A negative test (none detected) does not exclude blastomycosis.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-210-103984
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 3 | Printed: 12/7/2020 2:54:08 PM
4848

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Coccidioides Ab by CF, CSF	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:55:09 PM	7/29/2019 12:58:00 PM
Histoplasma M, CSF (CF)	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:55:09 PM	7/29/2019 12:58:00 PM
Histoplasma Y, CSF (CF)	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:55:09 PM	7/29/2019 12:58:00 PM
Aspergillus Antibody, CSF (CF)	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:55:09 PM	7/29/2019 12:58:00 PM
Blastomyces Antibody by EIA, CSF	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:55:09 PM	7/29/2019 12:58:00 PM
Blastomyces by Immunodiffusion, CSF	19-210-103984	7/29/2019 10:57:00 AM	7/29/2019 12:58:17 PM	7/29/2019 1:02:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-210-103984
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 3 of 3 | Printed: 12/7/2020 2:54:08 PM
4848