

TEST CHANGE

Bartonella henselae Antibody, IgG by IFA

0050091, HENS G

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection.

Transfer 1 mL serum to an ARUP standard transport

tube. Standard Transport Tube. (Min: 0.415 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark

Effective Date: May 15, 2023

specimens plainly as "acute" or "convalescent." -

Transport Temperature: Refrigerated.

Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens.

Remarks:

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2

weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Methodology: Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performed: Mon, Thu

Reported: 1-8 days

Note:

CPT Codes: 86611

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

A low positive result suggests past exposure or infection, while a high positive result may indicate recent or current infection, but is inconclusive for diagnosis. Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.

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.

Reference Interval:



<1:64 Negative - No significant level of Bartonella henselae IgG antibody detected.

1:64-1:128 Equivocal - Questionable presence of *Bartonella henselae* IgG antibody detected. Repeat testing in 10-14 days may be helpful.

 \geq 1:256 Positive - Presence of IgG antibody to *Bartonella henselae* detected, suggestive of current or past infection.

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