

**TEST CHANGE**

**Rickettsia rickettsii (Rocky Mountain Spotted Fever) Antibody, IgG**

0050369, RMSF G

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum Separator Tube (SST).

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP [standard transport tube](#). ~~Standard Transport Tube~~. (Min: 0.43 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

**Transport Temperature:** Refrigerated.

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

**Remarks:** Mark specimens plainly as "acute" or "convalescent."

**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:** Sun-Sat

**Reported:** 1-3 days

**Note:**

**CPT Codes:** 86757

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

**Interpretive Data:**

Antibody reactivity to *Rickettsia rickettsii* antigen should be considered Spotted Fever group reactive. Other organisms within the group include *R. akari*, *R. conorii*, *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.

**Reference Interval:**

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 suggestive of recent or current infection.