Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 34 Y

Referral Testing

Collected: 09/06/2023 11:42 Received: 09/06/2023 11:42

Test Name	Result	Flag	Ref-Ranges	Units	Site

Rickettsia typhi (Typhus Fever) IgG and IgM Ab

Typhus Fever Antibody, IgG	<1:64		<1:64		ARRL

INTERPRETIVE INFORMATION: Typhus Fever Antibody, IgG

Less than 1:64 ..... Negative - No significant level of IgG antibody detected.

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

1:256 or greater ..... Positive - Presence of IgG antibody to detected, suggestive of current or past infection.

Antibody reactivity to Rickettsia typhi antigen should be considered group-reactive for the Typhus Fever group, which includes Rickettsia prowazekii.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. 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 samples submitted was collected during the acute phase of illness, submit a marked convalecsent sample within 25 days for paired testing.

Typhus Fever Antibody, IgM	<1:64		<1:64		ARRL

INTERPRETIVE INFORMATION: Typhus Fever Antibody, IgM

Less than 1:64 ..... Negative-No significant level of IgM antibody detected.

1:64 or greater ..... Positive-Presence of IgM antibody detected, which may indicate a current or recent infection; however, low levels of IgM

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antibodies may occasionally persist
for more than 12 months
post-infection.

Antibody reactivity to Rickettsia typhi antigen should be considered group-reactive for the Typhus Fever group, which includes Rickettsia prowazekii.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. 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 actue-phase of illness, submit a marked convalescent sample within 25 days for paired testing.
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Performing Site:
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Reported Date: 2023.09.06 11:42 TYPGM