

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

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

	Referral Te	esting				
	Collecte	ed: 09/06/2023	11:42	Received:	09/06/2023	11:42
<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	Ref-Ranges		<u>Units</u>	<u>Site</u>
Rickettsia typhi (Typhus Fever Typhus Fever Antibody, IgG) IgG and IgM Ab <1:64		<1:64			ARRL
INTERPRETIVE INFORMATION	I: Typhus Fever Antib	ody, IgG				
Less than 1:64	. Negative - No signi IgG antibody detect	ficant leve ed.	l of			
1:64 - 1:128	. Equivocal - Questio of IgG antibody det testing in 10-14 da helpful.	nable prese ected. Repe ys may be	nce at			
1:256 or greater	Positive - Presence of IgG antibody to detected, suggestive of current or past infection.					
Antibody reactivity to F considered group-reactiv includes Rickettsia prov	Rickettsia typhi anti ve for the Typhus Fev vazekii.	gen should er group, w	be hich			
Seroconversion between a considered strong evider evidence for infection i difference in titer) on where both tests are dor same time. Acute-phase s first week of illness ar generally obtained 2-4 w Ideally these samples sh the same facility. If th during the acute phase of convalecsent sample with	acute and convalescen the of recent infecti is a significant chan two appropriately ti he in the same labora specimens are collect and convalescent -phas weeks after resolutio hould be tested simul he samples submitted of illness, submit a hin 25 days for paire	t sera is on. The bes ge (fourfol med specime tory at the ed during t te samples a on of illnes taneously a was collect marked ed testing.	t d ns, he re s. t ed			
Typhus Fever Antibody, IgM	<1:64		<1:64			ARRL
INTERPRETIVE INFORMATION	N: Typhus Fever Antib	ody, IgM				
Less than 1:64	Negative-No signific IgM antibody detecte	ant level o	f			
1:64 or greater	Positive-Presence of detected, which may current or recent in however, low levels	IgM antibo indicate a fection; of IgM	dy			
LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITIC	AL, NOT TESTED					



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	Referral Testing								
	Collected: 09/06/2023	11:42	Received	: 09/06/2	023 11:42				
<u>Test Name</u>	Result Flag antibodies may occasionally pers for more than 12 months post-infection.	<u>Ref-Ra</u> sist	anges	<u>Units</u>	<u>Site</u>				
	Antibody reactivity to Rickettsia typhi antigen should be considered group-reactive for the Typhus Fever group, whe includes Rickettsia prowazekii.	be hich							
	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 wee 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 sar facility. If the sample submitted was collected during to actue-phase of illness, submit a marked convalescent sar 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	t n me the mple							
Performing Site: ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221									
	Reported I	Date:	2023.09.06	11:42	TYPGM				

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Ordered By: KAJAL SITWALA, MD, PhD WX0000000002353

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 2 OF 2