

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

EXAMPLE, REPORT W WX0000003827 M 07/08/1978 45 Y

		Referral	•		D	00/05/0005	
			cted: 09/05/2023	3 09:11	Received:	09/05/2023	09:11
<u>Test Name</u>		<u>Result</u>	Flag	Ref-Ranges	<u> </u>	<u>Jnits</u>	<u>Site</u>
Rickettsai Disease Profile		See Below					WMQC
	Test Name RICKETT(RMSF) AB W/RFL RMSF IgG RMSF IgM	Result Flag NOT DETECTED NOT DETECTED	Ref Range NOT DETECTI NOT DETECTI				
	RICKETT (TYPHUS) AB W/RFL R. typhi IgG R. typhi IgM	DETECTED AB NOT DETECTED	NOT DETECTI NOT DETECTI				
	Q Fever IgG Phase I Scr	NEGATIVE	NEGATIVE				
	Q Fever IgG Phase II Scr	POSITIVE AB	NEGATIVE				
Q Fever IgM Phase I Scr		NEGATIVE	NEGATIVE				
	Q Fever IgM Phase II Scr	NEGATIVE	NEGATIVE				
	Q Fever IgM Phase II Scr NEGATIVE NEGATIVE Q Fever Antibody testing includes differentiation of antibodies to Phase I and Phase II antigenic variants. Coxiella burnetii, which causes Q Fever, undergoes transitions between Phase I and Phase II states. These phases are serologically distinguishable and useful in the serodiagnosis of acute and chronic disease. In some cases, the ratio of titer of phase II to phase I may indicate the stage of the disease. A ratio of greater than 1 may indicate the acute stage; greater than or equal to 1, granulomatous hepatitis; and less than 1, the chronic stage or endocarditis. As with other infectious diseases, IgM antibodies are the first to appear. Usually they are detectable for a few weeks or, at the most, for a few months. IgG antibodies appear somewhat later but can persist for years, even for life. Although single phase II IgG titers of 1:256 or greater are considered evidence of acute C. burnetii disease, the best criterion for a dependable diagnosis is still the demostration of a fourfold or higher increase in antibody titer between the acute and convalescent serum samples.						
	R. typhi IgG Titer 1:64 H <1:64						
	Measurement of antigen-specific IgG and IgM allows						

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



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Referral Testing											
	Collected: 09/05/20	023 09:11	Received:	09/05/2023	09:11						
<u>Test Name</u>	ResultFlagrapid diagnosis of infection by rickettsial agents.The Typhus Fever Group of rickettsial agents includesR. typhi (endemic or murine typhus), R. prowazekii(epidemic typhus), and Brill-Zensser disease causedby reactivation of latent R. prowazekii.		<u>s L</u>	<u>Jnits</u>	<u>Site</u>						
	IgM reactivity in the absence of IgG reactivity may represent a false positive reaction. Recent infection should be confirmed by demonstrating either IgG seroconversion or a four-fold or greater increase in IgG titer when acute and convalescent sera are tested in parallel.										
	Antibodies recognizing Ehrlichia chaffeensis may cross-react in this assay or this result may represen past or coinfection.	nt									
	Q Fever IgG Phase II Titer 1:16 H <1:16										
	Performed at Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2 Laboratory Director: I Maramica MD, PhD, MBA	2042									
Performing Site: WMQC: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675											

WMQC: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

Reported Date: 2023.09.05 9:13

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