

LABORATORY REPORT

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108 **EXAMPLE, REPORT**

WX0000003039 M 12/05/1988 34 Y

Referral Testing

Collected: 07/10/2020 06:09 Received: 07/13/2020 12:33

<u>Test Name</u> <u>Result</u> <u>Flag Ref-Ranges</u> <u>Units</u> <u>Site</u>

Francisella tularensis Ab IgG/M w/ reflex to Agglutination

Francisella tularensis Ab, IgG 0 <=9 U/mL ARRL

INTERPRETATIVE DATA: Francisella tularensis
Antibody, IqG

9 U/mL or less..... Negative - No significant level of IgG antibody to Francisella tularensis

detected.

10 - 15 U/mL......Equivocal - Questionable Presence of IgG antibody to Francisella tularensis.

Repeat testing in 10-14 days may be helpful.

16 U/mL or greater...Positive - Presence of

IgG antibody to

Francisella tularensis detected, suggestive of

current or past

exposure/Immunization.

Cross reactivity with Brucella and Yersinia antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Francisella tularensis Ab, IgM

10

H <=9

U/mL

ARRL

INTERPRETIVE DATA: Francisella tularensis Antibody, IgM

9 U/mL or less..... Negative - No significant level of IqM antibody to

Francisella tularensis

detected.

10 - 15 U/mL..... Equivocal - Questionable

presence of IgM antibody to Francisella tularensis. Repeat testing in 10-14

days may be helpful.

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

B513000018 WX0000003039 Printed D&T: 11/30/23 14:22 Ordered By: CLIENT CLIENT WX00000000001595

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 1 OF 2



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<u>Test Name</u> <u>Result</u> <u>Flag Ref-Ranges</u> <u>Units</u> <u>Site</u>

16 U/mL.... Positive - Presence of IgM antibody to Francisella tularensis detected, suggestive of current or recent exposure/Immunization.

Cross reactivity with Brucella and Yersinia antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS Performed By: ARUP Laboratories 500 Chipeta Way

Salt Lake City, UT 84108

Laboratory Director: Julio C. Delgado, MD, MS

F. tularensis Ab by Agglutination 1:40 H <1:20 ARRL

INTERPRETIVE INFORMATION: Francisella tularensis Ab Agglutination

Testing was performed by direct agglutination (DA). DA measures total antibody and does not distinguish between ${\tt IgG}$ and ${\tt IgM}$.

In the presence of compatible symptoms, a Francisella tularensis antibody titer of 1:160 or greater in an acute specimen supports a presumptive diagnosis of tularemia. However, a titer greater than or equal to 1:160 may also reflect past infection. An equivocal titer may be due to crossreactive antibodies (Brucella and Yersinia), past infection, or very recent infection. A four-fold rise in titer between acute and convalescent sera is required for definitive serologic diagnosis of tularemia.

Performed By: ARUP Laboratories

500 Chipeta Way

Salt Lake City, UT 84108

Laboratory Director: Julio C. Delgado, MD, MS

Reported Date: 07/13/2020 12:35 FTGMR

Performing Site:

ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

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