



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT

WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 05/21/2026 14:36

Received: 05/21/2026 14:36

Test Name	Result	Flag	Ref-Ranges	Units	Site
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Q Fever (Coxiella burnetii) AB (IgG,IgM) w/reflex to Titer

Q Fever IgG Phase I Scr	POSITIVE	AB			QCRL
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REFERENCE RANGE: NEGATIVE

Test Performed at:

Quest Diagnostics Nichols Institute

33608 Ortega Highway

San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD

Q Fever IgG Phase II Scr	POSITIVE	AB			QCRL
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REFERENCE RANGE: NEGATIVE

Test Performed at:

Quest Diagnostics Nichols Institute

33608 Ortega Highway

San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD

Q Fever IgM Phase I Scr	POSITIVE	AB			QCRL
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REFERENCE RANGE: NEGATIVE

Test Performed at:

Quest Diagnostics Nichols Institute

33608 Ortega Highway

San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD

Q Fever IgM Phase II Scr	POSITIVE	AB			QCRL
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REFERENCE RANGE: 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.

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

E921000011
WX0000000237

Ordered By: CLIENT CLIENT
WX00000000000511

Printed D&T: 05/21/26 14:40

Kajal V. Sitwala, MD, PhD - Medical Director

Form: MM RL1

PAGE 1 OF 2



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burnetii disease, the best criterion for a dependable diagnosis is still the demonstration of a fourfold or higher increase in antibody titer between the acute and convalescent serum samples. Test Performed at: Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2042					
I Maramica MD, PhD					
Q Fever IgG Phase I Titer	1:32	H			QCRL
REFERENCE RANGE: <1:16 Test Performed at: Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2042					
I Maramica MD, PhD					
Q Fever IgG Phase II Titer	1:64	H			QCRL
REFERENCE RANGE: <1:16 Test Performed at: Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2042					
I Maramica MD, PhD					
Q Fever IgM Phase I Titer	1:32	H			QCRL
REFERENCE RANGE: <1:16 Test Performed at: Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2042					
I Maramica MD, PhD					
Q Fever IgM Phase II Titer	1:128	H			QCRL
REFERENCE RANGE: <1:16 Test Performed at: Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92675-2042					
I Maramica MD, PhD					

Reported Date: 05/21/2026 14:36 QFGMR

Performing Site:

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

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

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