



LABORATORY REPORT

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

EXAMPLE, REPORT

WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 06/19/2026 10:57

Received: 06/19/2026 10:57

Test Name	Result	Flag	Ref-Ranges	Units	Site
Aspergillus Antibody Panel, CF and ID, Serum					
Aspergillus Ab, CF, Serum	<1:8				QCRL

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody not detected
> or = 1:8 Antibody detected

Single titers of > or = 1:32 are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. Sensitivity of the CF test for aspergillosis is lower than that of the immunodiffusion test. Crossreactions may occur in patients with histoplasmosis and coccidioidomycosis.

Test Performed at:

Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD CLIA
05D0643352

Aspergillus flavus	NEGATIVE	QCRL
Aspergillus niger	NEGATIVE	QCRL
Aspergillus fumigatus	NEGATIVE	QCRL

REFERENCE RANGE: NEGATIVE

INTERPRETIVE CRITERIA:

NEGATIVE: ANTIBODY NOT DETECTED
POSITIVE: ANTIBODY DETECTED

A positive result is represented by 1 or more precipitin bands, and may indicate fungus ball, allergic bronchopulmonary aspergillosis (ABA) or invasive aspergillosis. Generally, the appearance of 3-4 bands indicates either fungus ball or ABA.

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San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD CLIA
05D0643352

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

F019000000
WX0000000237
Printed D&T: 06/19/26 10:57

Ordered By: CLIENT CLIENT
WX00000000000511

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
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Reported Date: 06/19/2026 10:57 ASGCF

Performing Site:

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

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