Example Report

ARUP Laboratories

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Patient Age/Gender: 31 years Male Printed: 29-Jun-20 07:17:23

Procedure	Result	Units	Ref Interval	Reported/ Accession Collected Received Verified
Francisella tularensis Antibody, IgM	16 н	U/mL	[<=9]	20-163-900129 11-Jun-20 11-Jun-20 11-Jun-20 12:59:00 13:00:00 13:20:54
F. tularensis Ab by Agglutination	>1:1280 *		[<1:20]	20-163-900129 11-Jun-20 11-Jun-20 11-Jun-20 12:59:00 13:00:00 13:21:44

11-Jun-20 12:59:00 Francisella tularensis Antibody, IgM: INTERPRETIVE DATA: Francisella tularensis

Antibody, IgM

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

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

10 - 15 U/mL...... Equivocal - Questionable presence of IgM antibody to Francisella tularensis.

Repeat testing in 10-14 days may be helpful.

Positive - Presence of

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

11-Jun-20 12:59:00 F. tularensis Ab by Agglutination: INTERPRETIVE INFORMATION: Francisella tularensis Ab Agglutination

Testing was performed by direct agglutination (DA). DA measures total antibody and does not distinguish between IgG and 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.

* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

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