

Specimen Collected: 14-Jun-22 09:59

Fungal Antibodies with reflex, Serum | Received: 14-Jun-22 10:00 Report/Verified: 14-Jun-22 10:03

Procedure	Result	Units	Reference Interval
Coccidioides Antibody by CF	1:4 * i1		<1:2
Histoplasma Mycelia Antibodies by CF	1:16 * i2		<1:8
Histoplasma Yeast Antibodies by CF	1:16 * i3		<1:8
Aspergillus Antibodies by CF	1:32 * i4		<1:8
Blastomyces Antibodies EIA, SER	3.2 # f1 i5	IV	<=0.9

Blastomyces dermatitidis Abs Immunodifsn | Received: 14-Jun-22 10:00 Report/Verified: 14-Jun-22 10:03

Procedure	Result	Units	Reference Interval
Blastomyces Antibodies by ID	Detected * f2		Not Detected

Result Footnote

f1: Blastomyces Antibodies EIA, SER

Blastomyces antibodies are elevated, Blastomyces by Immunodiffusion will be performed. An elevated Blastomyces EIA result in combination with a None Detected Immunodiffusion result may indicate either early infection or a falsely elevated EIA result. Repeat testing in 10 - 14 days may help clarify the diagnosis.

f2: Blastomyces Antibodies by ID

Blastomyces antibodies were detected, suggesting recent or active infection.

Test Informationi1: Coccidioides Antibody by CF
INTERPRETIVE INFORMATION: Coccidioides Ab by Complement Fixation (CF)

Any titer suggests past or current infection. However, greater than 30 percent of cases with chronic residual pulmonary disease have negative Complement Fixation (CF) tests. Titers of less than 1:32 (even as low as 1:2) may indicate past infection or self-limited disease; anticoccidioidal CF antibody titers in excess of 1:16 may indicate disseminated infection. CF serology may be used to follow therapy. Antibody in CSF is considered diagnostic for coccidioidal meningitis, although 10 percent of patients with coccidioidal meningitis will not have antibody in CSF.

i2: Histoplasma Mycelia Antibodies by CF
INTREPRETIVE INFORMATION: Histoplasma Mycelia Antibodies by CF

A titer of 1:8 or greater is generally considered presumptive evidence of histoplasmosis. A titer of 1:32 or greater or rising titers indicate strong

* = Abnormal, # = Corrected, C = Critical, f = Result Footnote, H = High, i = Test Information, L = Low, t = Interpretive Text, @ = Performing lab

Unless otherwise indicated, testing performed at:

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Tracy I. George, MD

ARUP Accession: 22-165-900096

Report Request ID: 16250689

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Test Information

- i2: Histoplasma Mycelia Antibodies by CF
presumptive evidence of histoplasmosis. Cross reactions, usually at lower titers, may occur with other fungal disease.
- i3: Histoplasma Yeast Antibodies by CF
INTERPRETIVE INFORMATION: Histoplasma Yeast Antibodies
by CF
A titer of 1:8 or greater is generally considered presumptive evidence of histoplasmosis. A titer of 1:32 or greater or rising titers indicate strong presumptive evidence of histoplasmosis. Cross reactions, usually at lower titers, may occur with other fungal disease.
- i4: Aspergillus Antibodies by CF
INTERPRETIVE INFORMATION: Aspergillus Antibodies by CF

A titer of 1:8 or greater suggests Aspergillus infection or allergy. Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus.
- i5: Blastomyces Antibodies EIA, SER
INTERPRETIVE INFORMATION: Blastomyces Antibodies EIA, SER

0.9 IV or less.....Negative
1.0-1.4 IV.....Equivocal
1.5 IV or greater....Positive

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