

Specimen Collected: 10-Sep-20 07:25

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|--|--|----------------------------------|--|---|
| Coccidioides Antibody Reflexive Panel | | Received: 10-Sep-20 07:25 | | Report/Verified: 10-Sep-20 07:47 |
|--|--|----------------------------------|--|---|

| | Result | Units | Reference Interval |
|-------------------------------------|---------------------|--------------|---------------------------|
| Coccidioides Antibody, IgG by ELISA | 0.9 ⁱ¹ | IV | <=0.9 |
| Coccidioides Antibody, IgM by ELISA | 1.0 ^{H i2} | IV | <=0.9 |

| | | | | |
|---------------------------|--|----------------------------------|--|---|
| Coccidioides Titer | | Received: 10-Sep-20 07:25 | | Report/Verified: 10-Sep-20 07:49 |
|---------------------------|--|----------------------------------|--|---|

| | Result | Units | Reference Interval |
|---|---------------------|--------------|---------------------------|
| Coccidioides Titer, Complement Fixation | 1:2 * ⁱ³ | | <1:2 |

| | | | | |
|---|--|----------------------------------|--|---|
| Coccidioides Ab by Immunodiffusion | | Received: 10-Sep-20 07:25 | | Report/Verified: 10-Sep-20 07:49 |
|---|--|----------------------------------|--|---|

| | Result | Units | Reference Interval |
|--------------------------------------|--------------------------|--------------|---------------------------|
| Coccidioides immitis Abs, Precipitin | Detected * ⁱ⁴ | | None Detected |

Test Information

i1: Coccidioides Antibody, IgG by ELISA

INTERPRETIVE INFORMATION: Coccidioides Antibody, IgG:

0.9 IV or less: Negative - No significant level of Coccidioides IgG antibody detected.

1.0 - 1.4 IV: Equivocal - Questionable presence of Coccidioides IgG antibody detected. Repeat testing in 10-14 days may be helpful.

1.5 IV or greater: Positive - Presence of IgG antibody to Coccidioides detected, suggestive of current or past infection.

IgG antibody usually appears by the third week of infection and may persist for years. Both tube precipitin (TP) and CF antigens are represented in the ELISA tests.

i2: Coccidioides Antibody, IgM by ELISA

INTERPRETIVE INFORMATION: Coccidioides Antibody, IgM:

0.9 IV or less: Negative - No significant level of Coccidioides IgM antibody detected.

1.0 - 1.4 IV: Equivocal - Questionable presence of Coccidioides IgM antibody detected. Repeat testing in 10-14 days may be helpful.

1.5 IV or greater: Positive - Presence of IgM antibody to Coccidioides detected, suggestive of current or recent infection.

*=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

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Test Information

i2: Coccidioides Antibody, IgM by ELISA

In most symptomatic patients, IgM antibody usually appears by the second week of infection and disappears by the fourth month. Both tube precipitin (TP) and CF antigens are represented in the ELISA tests.

i3: Coccidioides Titer, Complement Fixation

INTERPRETIVE INFORMATION: Coccidioides Titer

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.

i4: Coccidioides immitis Abs, Precipitin

INTERPRETIVE INFORMATION: Coccidioides immitis Antibodies by
Immunodiffusion

Coccidioides infection is demonstrated by the detection of IgM antibody to the Immunodiffusion Tube Precipitin (IDTP) antigen. IgM antibody may be detected 1 to 3 weeks after the onset of primary infection and may suggest active or recent infection. IgM antibody is rarely detected 6 months after infection but may reappear with relapse and may persist in disseminated cases.

IgG antibody may also be demonstrated in response to the Immunodiffusion Complement Fixation (IDCF) antigen and may represent active or past infection. Negative fungal serology does not rule out current infection.

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