500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Tracy I. George, MD, Chief Medical Officer

Patient Age/Gender: 42 years Female

Specimen	Collected:	09-Sep-20	10:47
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Coccidioides Ab by CF & ID, Serum Received: 09-Sep-20 10:47 Report/Verified: 09-Sep-20 10:44				
	Result	Units	Reference Interval	
Coccidioides Antibody by CF	1:2 * ⁱ¹		<1:2	
Coccidioides immitis Abs,Precipitin	Detected * ⁱ²		None Detected	

Test Information

i1: 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; anticoccidiodal 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. Coccidioides immitis Abs, Precipitin

i2: 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.

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