



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
Francisella tularensis Antibody, IgG	16 H	U/mL	[<=9]	20-162-900040	10-Jun-20 10:10:00	10-Jun-20 10:15:00	11-Jun-20 08:36:11
Francisella tularensis Antibody, IgM	16 H	U/mL	[<=9]	20-162-900040	10-Jun-20 10:10:00	10-Jun-20 10:15:00	11-Jun-20 08:36:11
F. tularensis Ab by Agglutination	1:20 *		[<1:20]	20-162-900040	10-Jun-20 10:10:00	10-Jun-20 10:15:00	11-Jun-20 08:36:45

10-Jun-20 10:10:00 Francisella tularensis Antibody, IgG:  
 INTERPRETATIVE DATA: Francisella tularensis  
 Antibody, IgG

- 9 U/mL or less..... Negative - No significant level of IgG antibody to Francisella tularensis detected.
- 10 - 15 U/mL.....Equivocal - Questionable Presence of IgG antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful.
- 16 U/mL or greater...Positive - Presence of IgG antibody to Francisella tularensis detected, suggestive of current or past 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

10-Jun-20 10:10:00 Francisella tularensis Antibody, IgM:  
 INTERPRETATIVE 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 presence of IgM antibody to Francisella tularensis. Repeat testing in 10-14 days may be helpful.
- 16 U/mL..... Positive - Presence of IgM antibody to Francisella tularensis

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

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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.

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10-Jun-20 10:10:00 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.