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REFERRING PHYSICIAN

TEST DOCTOR

TEST PATIENT

DOB:

Gender:

Accession:

Patient ID:

Collected:

Received:

Reported:

Reprinted:

Amended:

Corrected:

RICKETTSIOSIS

| TEST | SPECIMEN | RESULT | REFERENCE RANGE | UNITS |
|---|----------|----------|--|-------|
| R. rickettsii IFA - IgG | Serum | <40 | < 40 : Negative < 160 : May or may not suggest active infection >=160 : Indicates active infection | Titer |
| R. typhi IFA - IgG | Serum | <40 | < 40 : Negative < 160 : May or may not suggest active infection >=160 : Indicates active infection | Titer |
| Rickettsia rickettsii and felis/typhi PCR | | | | |
| Rickettsia rickettsii | W blood | Negative | | |
| Rickettsia felis/typhi | W blood | Negative | | |

End of Report

Testing performed at IGeneX 556 Gibraltar Drive Milpitas CA 95035 (800) 832-3200

Diagnosis should not be based on laboratory results alone. Results should be interpreted in conjunction with clinical symptoms and patient history.

NOTE: Western Blots, ImmunoBlots, Lyme Dot Blot, Epitope, PCR, IFA, FISH, C. pneumoniae IgG/IgA, CD57, IGXSpot, Broad Coverage Antibody, COVID-19 Test - These tests were developed and their performance characteristics determined by IGeneX, Inc. They have not been cleared or approved by the FDA. The FDA has determined that such approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research. IGeneX, Inc. is licensed by CMS and NYS to perform high complexity clinical laboratory testing.