REPORTED: 06/30/11 02:18 P

**REF** 

**REF** 



1-800-533-1710

PATIENT NAME			PATIENT NUM	/IBER		AGE	SEX	ACCESSION #
TESTING, 91608			L3MRNG916	9924		51	F	G9169924
ORDERING PHYSICIAN			CLIENT ORDE	ER#				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PRINTED SPECIM		SPECIMEN INFORMA	PECIMEN INFORMATION			
06/30/11 02:15 P	06/30/11 02:15 P 06/30/11 02:15 P		07/01/11	12:43 P	DATE OF BIRTH: 6/19/1960			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

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TEST REQUESTED LO REF RANGE PERFORM SITE \*

## Babesia Microti Antibodies IgG, IgM

Babesia Microti IgG <1:64
Babesia Microti IgM <1:20
Interpretation

ANTIBODY NOT DETECTED

REFERENCE RANGES: IgG <1:64

IgM <1:20

Elevated antibody levels to B. microti indicate exposure to the organism. Human babesiosis infection is transmitted by the bite of an infected Ixodes tick or less frequently from transfusion with blood from an infected donor. Definitive diagnosis is made by identifying intraerythrocytic organisms in peripheral blood. In patients with low parasitemia, antibody detection by IFA is recommended. IgG levels greater than or equal to 1:1024 can be detected in acute phase patients with parasites in blood smears. The IFA assay can be used as a seroepidemiologic tool to study the frequency and distribution of B. microti in endemic areas especially in persons with mixed infections also involving Borrelia burgdorferi. This test was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test. Test Performed by: Focus Diagnostics, Inc.

\* Perform Site Legend on last page of report

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91608	Final	06/30/11 02:15 P

PERFORM SITE \*

**REF RANGE** 



1-800-533-1710

**TEST REQUESTED** 

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 91608			L3MRNG9169924		51	F	G9169924	
ORDERING PHYSICIAN			CLIENT ORE	ER#				ACCOUNT # LIAISONS
COLLECTION RECEIVED		REPORT PRINTED		SPECIMEN INFORMATION				
06/30/11 02:15 P	06/30/11 (	11 02:15 P 07/01/11 12:43 P		DATE OF BIRTH:	6/19/196	0		
DATE TIME	DATE	TIME	DATE	TIME				
Test Client Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905	5							
507-284-8202								
	HI				1			

5785 Corporate Avenue Cypress, CA 90630-4750

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## \* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 91608	Final	06/30/11 02:15 P