MAYO CLINIC
Mayo Medical Laboratories

Test Definition: FFAPL
Febrile Antibodies Panel

Reporting Title: Febrile Antibodies Panel
Performing Location: Focus Diagnostics,

Specimen Requirements:
Draw blood in a plain, red-top tube. (Serum gel tube is acceptable.) Spin down and send 3 mL of serum refrigerated.

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	14 days
	Ambient	7 days
	Frozen	30 days

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z2788	Salmonella H, Type a	Alphanumeric		In Process
Z2789	Salmonella H, Type b	Alphanumeric		In Process
Z2790	Salmonella H, Type d	Alphanumeric		In Process
Z2791	Salmonella O, Type Vi	Alphanumeric		In Process
Z2792	Salmonella O, Type D	Alphanumeric		In Process
Z2793	RMSF IgG	Alphanumeric		In Process
Z2794	RMSF IgM	Alphanumeric		In Process
Z2795	R. Typhi IgG	Alphanumeric		In Process
Z2796	R. Typhi IgM	Alphanumeric		In Process
Z2797	Brucella IgG	Alphanumeric		In Process
Z2798	Brucella IgM	Alphanumeric		In Process

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	BRUCELLA ANTIBODY	2	86622		
Billing only	RICKETTSIA ANTIBODY	4	86757		

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Febrile Antibodies Panel

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	SALMONELLA ANTIBODY	5	86768		

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FBRAG	Brucella Agglutination	1	86622	No	No
FRICG	Rickettsia (RMSF) IgG Titer	1	86757	No	No
FRICM	Rickettsia (RMSF) IgM Titer	1	86757	No	No
FRTFG	Rickettsia (Typhus Fever) IgG Titer	1	86757	No	No
FRTFM	Rickettsia (Typhus Fever) IgM Titer	1	86757	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FBRAG	FBRAG	Brucella Agglutination	Alphanumeric		N/A
FRICG	Z2375	RMSF IgG Titer	Alphanumeric		In Process
FRICM	Z2376	RMSF IgM Titer	Alphanumeric		In Process
FRTFG	Z2493	R. Typhi IgG Titer	Alphanumeric		In Process
FRTFM	Z2494	R. Typhi IgM Titer	Alphanumeric		In Process

Reference Values:

RICKETTSIA ANTIBODY PANEL WITH REFLEX TO TITERS
REFERENCE RANGE: NOT DETECTED

SALMONELLA ANTIBODIES, EIA
REFERENCE RANGE: NEGATIVE

Antibodies to Salmonella flagellar (H) and somatic (O) antigens typically peak 3-5 weeks after infection. A positive result in this assay is equivalent to a titer of >=1:160 by tube agglutination (Widal). Results should not be considered as diagnostic unless confirmed by culture.

BRUCELLA ANTIBODIES (IgG, IgM), EIA WITH REFLEX TO AGGLUTINATION
REFERENCE RANGE: <0.80

INTERPRETIVE CRITERIA:

<0.80 Antibody not detected
0.80 - 1.09 Equivocal
> or = 1.10 Antibody detected

Acute brucellosis is characterized by the appearance of Brucella-specific IgM within the first week of infection, followed by the appearance of Brucella-specific IgG after the second week. Levels of both IgM and IgG decline slowly over several months in conjunction with recovery. Persistence of high IgG levels with declining or absent IgM suggests chronic infection or relapse.

RICKETTSIA (RMSF) IgG TITER
RICKETTSIA (RMSF) IgM TITER

REFERENCE RANGE: <1:64

Measurement of antigen-specific IgG and IgM allows rapid diagnosis of infection by rickettsial agents. The Spotted Group of rickettsial agents includes R. rickettsii (Rocky Mountain Spotted Fever), R. akari (Rickettsialpox), and R. conorii (Boutonneuse Fever).

IgM reactivity in the absence of IgG reactivity may represent a false positive reaction. Recent infection should be confirmed by demonstrating either IgG seroconversion or a four-fold or greater increase in IgG titer when acute and convalescent sera are tested in parallel.

RICKETTSIA (TYPHUS FEVER) IgG TITER
RICKETTSIA (TYPHUS FEVER) IgM TITER

REFERENCE RANGE: <1:64

Measurement of antigen-specific IgG and IgM allows rapid diagnosis of infection by rickettsial agents. The Typhus Fever Group of rickettsial agents includes R. typhi (endemic or murine typhus), R. prowazekii (epidemic typhus), and Brill-Zinsser disease caused by reactivation of latent R. prowazekii.

IgM reactivity in the absence of IgG reactivity may represent a false positive reaction. Recent infection should be confirmed by demonstrating either IgG seroconversion or a four-fold or greater increase in IgG titer when acute and convalescent sera are tested in parallel.

Test Performed by: Focus Diagnostics, Inc.
5785 Corporate Avenue
Cypress, CA 90630-4750