

SHAWFIELD,JOE

DOB: 06/16/1970
 Sex: M
 Phone: (407) 223-0115
 Patient ID: 2A3CED3FC6AC40929A40

Age: 55
 Fasting:

Specimen: TZ306189G
 Requisition: 0030345
 Lab Reference ID: 29510DC70DFF4A29BF2F
 Report Status: FINAL

Collected: 06/02/2026 08:14
 Received: 06/02/2026 08:23
 Reported: 06/07/2026 19:03

Client #: 78300098
 JONES,COURTNEY
 PLUSHCARE-THIRD PARTY
 2261 MARKET ST STE 22930
 SAN FRANCISCO, CA 94114-1612
 Phone: (415) 231-5333
 Fax: (415) 231-5332

TICK BORNE DISEASE AB PANEL W/REFLEXES

LYME DISEASE AB W/REFL IA (IGG,IGM) (MTTT)

LYME AB, SCREEN **<0.90**
 index *No Historical Data*

REFERENCE RANGE: <0.90 Index

Index	Interpretation
< 0.90	NEGATIVE
0.90-1.09	EQUIVOCAL
> 1.09	POSITIVE

No laboratory evidence of infection with *B. burgdorferi* (Lyme Disease).

Screening and/or supplemental tests for Lyme disease antibodies may be falsely negative in early stages of Lyme disease, including the period when erythema migrans is apparent. If recent infection is suspected, repeat testing on a new sample collected in 7-14 days is recommended.

ANAPLASMA PHAGOCYTOPHILUM AB(IGG,IGM)W/RFL TITERS

A. PHAGOCYTOPHILUM AB (IGG), SCREEN **NOT DETECTED**
No Historical Data

A. PHAGOCYTOPHILUM AB (IGM), SCREEN **NOT DETECTED**
No Historical Data

REFERENCE RANGE: NOT DETECTED

Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered supportive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Ehrlichia species, Rickettsia rickettsiae, and Coxiella burnetii can occur.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

BABESIA MICROTI AB (IGG, IGM)W/REFL TITERS

BABESIA MICROTI AB (IGG), SCREEN **NOT DETECTED**
No Historical Data

BABESIA MICROTI AB (IGM), SCREEN

NOT DETECTED

No Historical Data

REFERENCE RANGE: NOT DETECTED

Confirmation with a blood smear or PCR is recommended for diagnosis of acute Babesiosis. A single acute antibody titer is not sufficient to establish a diagnosis. IgG titers > or = 1:1024 or presence of IgM suggest recent infection. Antibodies may persist for months to years after clearance of infection. The extent of cross-reactivity between Babesia species is variable and other species (e.g., Babesia duncani) may not be detected by this assay.

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EHRlichia CHAFFEENSIS AB (IGG, IGM)/REFL TITERS

E. CHAFFEENSIS AB (IGG), SCREEN

NOT DETECTED

No Historical Data

E. CHAFFEENSIS AB (IGM), SCREEN

NOT DETECTED

No Historical Data

REFERENCE RANGE: NOT DETECTED

Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered presumptive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Anaplasma species, can occur.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Performing Sites

EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano,, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Irina Maramica MD,PhD,MBA

Key

🚨 Priority Out of Range ▲ Out of Range

Note: Data displayed only for results that meet strict identification matching. Historical result view may vary based on corrected or updated patient demographics. The reference range displayed may vary due to potential changes in laboratory testing methods. Please refer to the published reference range on each lab report.

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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