Lab Dept: Serology

Test Name: EHRLICHIA CHAFFEENSIS ANTIBODIES, IFA

General Information

Lab Order Codes:	EHGM
Synonyms:	E. chaffeensis (IgM, IgG)
CPT Codes:	86666 x2 – Ehrlichia
Test Includes:	Ehrlichia chaffeensis Ab IgG and IgM reported as a titer.

Logistics

Test Indications:	Useful in the diagnosis of ehrlichiosis. Human ehrlichiosis is a tick-borned disease caused by rickettsial-like agents. Two forms, human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE), have been described. HME is often referred to as “spotless” or rashless rocky mountain spotted fever. The causative agen of human monocytic ehrlichiosis (HME) has been identified as Ehrlichia chaffeensis. Infected individuals produce specific antibodies to E. chaffeensis which can be detected by an immunofluorescent antibody (IFA) test.
Lab Testing Sections:	Serology - Sendouts
Referred to:	Mayo Medical Laboratories (MML Test: 91710/FECHA), forward to Focus Diagnostics, Inc (Focus Test: 20103)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	2 – 5 days, test performed Monday - Saturday
Special Instructions:	N/A

Specimen

Specimen Type:	Blood
Container:	Red top tube
Draw Volume:	3 mL (Minimum: 0.6 mL) blood

Processed Volume: 1 mL (Minimum: 0.2 mL) serum

Collection: Routine venipuncture

Special Processing: Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Forward promptly.

Submitting the minimum specimen volume makes it impossible to repeat the test or perform confirmatory or perform reflex testing. In some situations a minimum specimen volume may result in a QNS (quantity not sufficient) result, requiring a second specimen to be collected.

Patient Preparation: None

Sample Rejection: Unlabeled or mislabeled specimens

Interpretive

Reference Range:

Titer: IgG	<1:64
Titer: IgM	<1:20
Interpretation: Single IgG IFA titers of 1:64 or greater indicated exposure to E. chaffeensis. Specimens demonstrating a four-fold rise in IgG titers between acute and convalescent samples and/or the presence of IgM antibody against E. chaffeensis suggest recent or current infection.	

Critical Values: N/A

Limitations: N/A

Methodology: Immunofluorescence Assay (IFA)

References:

Mayo Medical Laboratories July 2013
Focus Diagnostic July 2013