
Lab Dept: Serology

Test Name: TULAREMIA ANTIBODY

General Information

Lab Order Codes: TUL

Synonyms: Francisella Antibody, Serum; F. tularensis antibody

CPT Codes: 86000 – Agglutinins, febrile, each antigen

Test Includes: *Francisella tularensis* antibody titer

Logistics

Test Indications: Detection of agglutinating antibodies in patients having tularemia

Francisella tularensis, a small gram-negative coccobacillus, is the causative agent of tularemia. Man is unusually susceptible to infection, but many wild animals are also hosts.

Human infection is usually through the skin by contact with infected animal tissues or pelts. The organism may also be inhaled or ingested improperly cooked meat or may be transmitted by bloodfeeding arthropods or flies.

Onset of the disease is with high fever followed by enlargement of the liver and spleen. Headache suggesting meningitis often occurs. Most cases are associated with a skin ulcer and nearby lymphadenitis.

Lab Testing Sections: Serology - Sendouts

Referred to: Mayo Medical Laboratories (MML Test: FRANC) forward to Focus Diagnostics (Focus Test: 40995)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 2 - 6 days, test is set up Monday - Friday

Special Instructions: N/A

Specimen

Specimen Type: Blood

Container:	SST (Gold, marble or red) tube
Draw Volume:	3 mL (Minimum: 1.5 mL) blood
Processed Volume:	1 mL (Minimum: 0.5 mL) serum
Collection:	Routine blood collection
Special Processing:	Lab Staff: Centrifuge specimen, remove serum into a screw-capped round bottom plastic vial. Store and ship at room temperature. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Specimens other than serum, mislabeled or unlabeled specimens

Interpretive

Reference Range:

All Ages:	<1:20
Interpretive Criteria:	
<1:20	Negative
1:20 – 1:80	Equivocal
>or = 1:160	Positive
<p>In the presence of compatible symptoms, a <i>Francisella tularensis</i> antibody titer of 1:160 or greater in an acute specimen supports a presumptive diagnosis of tularemia. However, a titer > or = 1:160 may also reflect past infection. An equivocal titer may be due to cross-reactive antibodies (Brucella, Yersinia, or Proteus OX19), past infection, or very recent infection. A four-fold rise in titer between acute and convalescent sera is required for definitive serologic diagnosis of tularemia.</p> <p>Test Performed by: Focus Diagnostics, Inc. 5785 Corporate Avenue Cypress, CA 90630-4750</p>	

Critical Values:	N/A
Limitations:	Cross-reacting antibody to brucella, yersinia, or proteus OX19 may occur (false positive)
Methodology:	Direct agglutination
References:	Mayo Medical Laboratories Web Page February 2018 Focus Diagnostics February 2018

Updates:

5/8/2006: Test moved from Mayo Medical Laboratories to Mayo forward to Focus Diagnostics.

7/8/2010: Specimen storage changed from refrigerated to room temperature.

2/2/2018: Collection container update.