



Reference Diagnostic Division

Oxford Immunotec, Inc. d/b/a IMUGEN

315 Norwood Park South, Norwood MA 02062

### Laboratory Results

**Submitter:**

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NEW YORK, NY 10065

Ordering  
Provider:

WOODSON C MERRELL MD

Account #: MERW

**Patient:**

Name: JEFFREY EPSTEIN  
Address: 9 EAST 71ST STREET  
NEW YORK, NY 10021

D.O.B.: 01/20/1953

Submitter  
Record #:

IMUGEN  
Patient #: 2018013061

### Ehrlichia / Anaplasma Serology

PLASMA #: 13061  
PLASMA Collection Date: 09/14/2018  
PLASMA Receipt Date: 09/17/2018

*Ehrlichia chaffeensis*

Test Method: Indirect immunofluorescence

Test Date: 09/17/2018

| Antigen               | Antibody Isotype | Result |
|-----------------------|------------------|--------|
| <i>E. chaffeensis</i> | IgG              | <64    |

Result is the reciprocal of the plasma endpoint dilution.  
Normal Range is a titer <64 (1:64 dilution); Negative.

*Anaplasma phagocytophilum*

Test Method: Indirect EIA (Recombinant Antigen)\*

Test Date: 09/17/2018

| Antigen | Antibody Isotype | Result |
|---------|------------------|--------|
| ERF-1*  | IgM              | <1     |
| ERF-1*  | IgG              | <1     |

Result is the reciprocal of the calculated plasma endpoint dilution.  
Normal Range: ratio of <1 for IgM and <1 for IgG.

**Comments:** No IgM or IgG antibody to *A. phagocytophilum* detected by indirect EIA. No IgG antibody to *Ehrlichia chaffeensis* detected by indirect immunofluorescence.

**Interpretation:** No serologic evidence of infection to *A. phagocytophilum* or *Ehrlichia chaffeensis*.

Note 1: Results should be evaluated in conjunction with clinical presentation and other medical and diagnostic findings.  
 Note 2: A negative result does not exclude the possibility of infection with *A. phagocytophilum* or *E. chaffeensis*. Antibodies may not yet be present at the time of blood sample collection or may not yet be detectable. If the acute specimen is negative (i.e. antibodies undetectable) and the clinical history strongly suggests infection, collection of a convalescent specimen 3-4 weeks later is recommended. However, the CDC recommends that diagnosis of HGA or HME must be made based on clinical signs and symptoms, and can later be confirmed using specialized confirmatory laboratory tests. Treatment should never be delayed pending the receipt of laboratory test results, or be withheld on the basis of an initial negative laboratory result.  
 Note 3: A positive result is not definitive evidence of infection with *A. phagocytophilum*. Infection with *Borrelia burgdorferi* or *Babesia microti* may cause a positive response.  
 Note 4: A positive result is not definitive evidence of infection with *E. chaffeensis*.  
 Note 5: These tests were developed and their performance characteristics determined by IMUGEN. They have not been cleared or approved by the FDA. The laboratory is registered under CLIA as qualified to perform high-complexity testing. These tests are used for clinical purposes. They should not be regarded as investigational or for research.

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Report Date: 09/18/2018 DP

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CLIA number 22D0650196