

Scenario	Syphilis, Total Result	RPR	TP-PA	Final Interpretation
1	NON-REACT	Not Performed	Not Performed	No serological evidence of infection with <i>T. pallidum</i> . Early or incubating syphilis infection cannot be excluded.
2	EQUIVOCAL	Not Performed	Not Performed	Most likely a false positive SypT result. If the history is strongly suggestive of syphilis consider repeating SypT test in 3-4 weeks.
3	REACTIVE	NON-REACT Reported)	REACTIVE	Serological evidence of a resolved case of syphilis. Also consider late latent or late syphilis (up to 30% of late syphilitic infections may be RPR negative). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.
4	REACTIVE	NON-REACT	NON-REACT	Most likely a false-positive test result, but syphilis cannot be entirely ruled out. If clinical history suggests a risk for syphilis then SypT should be repeated in 3-4 weeks. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
5	REACTIVE	NON-REACT	INCONCLUSIVE	Possible false-positive test result, but syphilis cannot be ruled out. Consider repeating this test in 3-4 weeks if early primary syphilis is clinically suspected. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
6	REACTIVE	REACTIVE Titer >= R 1:1	Not Performed	Serological evidence of syphilis infection (new, inadequately treated, persistent, or repeat infection). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.

