

1-800-533-1710

PATIENT NAME TESTING, MQTB				PATIENT NUMBER L3MRNG9157910		AGE 30	SEX	<b>ACCESSION #</b> G9157910	
ORDERING PHYSICIAN				CLIENT ORDER #			100		ACCOUNT # LIAISONS
COLLECTION 10/15/10 11:50 A		<b>RECEIVED</b> 10/15/10 11:50 A		<b>REPORT PRINTED</b> 10/25/10 02:07 P		SPECIMEN INFORMATE OF BIRTH:	TION		
DATE	TIME	DATE	TIME	DATE	TIME				
Test Clie	Test Client								
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE \*

## M. tuberculosis by QFT, B

M. tuberculosis by QFT, Positive SDL

В

Tuberculosis Antigen 7.68 IU/mL SDL

Value

This is a qualitative test. The TB antigen IU/mL value is required for documentation on certain government reporting forms (e.g., Form I-693), but this value should not be used to monitor disease progression or response to therapy. Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, require a combination of epidemiological, historical, medical, and diagnostic findings that should be taken into account when interpreting QuantiFERON-TB results.

## \* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr Lab Director: Franklin R. Cockerill, III, M.D. 3050 Superior Dr. NW Rochester, MN 55901

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, MQTB	Final	10/15/10 11:50 A