

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TESTINGRNV,QTBG_NORM	SA00060671	29	M	SA00060671
Ordering Phys CLIENT,CLIENT		·		<b>DOB</b> 05/05/1984
Client Order # SA00060671	Account Information			Report Notes
<b>Collected</b> 08/13/2013 00:00	C7028846-DLMP Rocl 3050 Superior Drive	hester		
<b>Printed</b> 09/17/2013 12:26	Rochester, MN 55901			

Test	Flag Results	Unit	Reference Value	Perform Site*
M. tuberculosis by QuantiFERON, B	Negative		Negative	SDL
RECEIVED: 08/14/2013 07:23 REPORTED: Tuberculosis Antigen Value	08/14/2013 08:02 0.00	IU/mL		SDL
Tabelealobib Intergen value	0.00	10/11111		DDL

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 Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.

Patient Name	Collection Date and Time	Report Status
TESTINGRNV,QTBG_NORM	08/13/2013 00:00	Final
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