

Laboratory Service Report

1-800-533-1710

Patient Name TESTINGRNV,QTBG_ABNORM	Patient ID SA00060672	Age 29	Gender M	Order # SA00060672		
Ordering Phys CLIENT,CLIENT		·	•	DOB 05/05/1984		
Client Order # SA00060672	Account Information			Report Notes		
Collected 08/13/2013 00:00	3050 Superior Drive					
Printed 09/17/2013 12:27	Rochester, MN 55901					

Test	Flag	Results	Unit	Reference Value	Perform Site*
M. tuberculosis by QuantiFERON, B RECEIVED: 08/14/2013 07:23 REPORTED: Indeterminate result due to E value. This may occur due to or non-specific gamma interfe sample. Suggest retesting of indicated.	High Nil (n o heterophi eron in the	egative control) le antibody effects patient's blood		Negative	SDI
Tuberculosis Antigen Value This is a qualitative test. T required for documentation on forms (e.g., Form I-693), but to monitor disease progression	n certain g this valu	overnment reporting se should not be used	IU/mL		SDI
Diagnosing or excluding tuber the probability of LTBI, requ epidemiological, historical,	uire a comb medical, a	ination of nd diagnostic			

* 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_ABNORM	08/13/2013 00:00	Final	
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findings that should be taken into account when

interpreting QuantiFERON-TB results.