MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TESTINGRNV,QTBG_ABNORM	SA00060672	29	M	SA00060672

Ordering Phys		DOB
CLIENT,CLIENT		05/05/1984

Client Order #	Account Information	Report Notes
SA00060672	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901	
Collected 08/13/2013 00:00		
Printed 09/17/2013 12:27		

Test	Flag	Results	Unit	Reference Value	Perform Site*
M. tuberculosis by QuantiFERON, B	AB	Indeterminate		Negative	SDL

RECEIVED: 08/14/2013 07:23 **REPORTED:** 08/14/2013 08:02

Indeterminate result due to High Nil (negative control) value. This may occur due to heterophile antibody effects or non-specific gamma interferon in the patient's blood sample. Suggest retesting of new specimen if clinically indicated.

Tuberculosis Antigen Value		0.50	IU/mL	SDL

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:

* Report times for Mayo performed tests are CST/CDT