

Date Collected: 04/15/2024

Date Received: 04/15/2024

Date Reported: 04/18/2024

Fasting: No

Ordered Items: Measles/Mumps/Rubella Immunity; QuantiFERON-TB Gold Plus; Varicella Zoster Abs, IgG/IgM; Hepatitis B Surf Ab Quant; Venipuncture

Date Collected: 04/15/2024

Measles/Mumps/Rubella Immunity

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Rubella Antibodies, IgG <sup>01</sup>	10.70		index	Immune >0.99
		Non-immune	<0.90	
		Equivocal	0.90 - 0.99	
		Immune	>0.99	
Measles Antibodies, IgG <sup>01</sup>	>300.0		AU/mL	Immune >16.4
		Negative	<13.5	
		Equivocal	13.5 - 16.4	
		Positive	>16.4	
		Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.		
Mumps Abs, IgG <sup>01</sup>	>300.0		AU/mL	Immune >10.9
		Negative	<9.0	
		Equivocal	9.0 - 10.9	
		Positive	>10.9	
		A positive result generally indicates past exposure to Mumps virus or previous vaccination.		

QuantiFERON-TB Gold Plus

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
QuantiFERON Incubation <sup>01</sup>	Incubation performed.			
QuantiFERON Criteria <sup>01</sup>				
	QuantiFERON-TB Gold Plus is a qualitative indirect test for M tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. The QuantiFERON-TB Gold Plus result is determined by subtracting the Nil value from either TB antigen (Ag) value. The Mitogen tube serves as a control for the test.			
QuantiFERON TB1 Ag Value <sup>01</sup>	0.02		IU/mL	
QuantiFERON TB2 Ag Value <sup>01</sup>	0.03		IU/mL	
QuantiFERON Nil Value <sup>01</sup>	0.01		IU/mL	
QuantiFERON Mitogen Value <sup>01</sup>	>10.00		IU/mL	
QuantiFERON-TB Gold Plus <sup>01</sup>	Negative			Negative
	No response to M tuberculosis antigens detected. Infection with M tuberculosis is unlikely, but high risk individuals should be considered for additional testing (ATS/IDSA/CDC Clinical Practice Guidelines, 2017). The reference range is an Antigen minus Nil result of <0.35 IU/mL. Chemiluminescence immunoassay methodology			

[REDACTED],  
[REDACTED]  
Specimen ID: [REDACTED]

DOB: [REDACTED]  
Age: [REDACTED]  
Account Number: [REDACTED]  
Ordering Physician: [REDACTED]



Date Collected: 04/15/2024

Varicella Zoster Abs, IgG/IgM

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ Varicella Zoster IgG <sup>01</sup>	136 Low		index	Immune >165
	A second sample should be collected and tested no less than 2-4 weeks.			
		Negative	<135	
		Equivocal	135 - 165	
		Positive	>165	
	A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.			
Varicella-Zoster Ab, IgM <sup>01</sup>	<0.91		index	0.00-0.90
		Negative	<0.91	
		Borderline	0.91 - 1.09	
		Positive	>1.09	

Hepatitis B Surf Ab Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ Hepatitis B Surf Ab Quant <sup>01</sup>	4.1 Low		mIU/mL	Immunity>9.9
	Status of Immunity		Anti-HBs Level	
	-----		-----	
	Inconsistent with Immunity		0.0 - 9.9	
	Consistent with Immunity		>9.9	

**Disclaimer**  
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

**Icon Legend**  
▲ Out of Reference Range    ■ Critical or Alert

**Performing Labs**  
01: RN - Labcorp Raritan, 69 First Avenue, Raritan, NJ 08869-1800 Dir: Liza Jodry, MD  
For Inquiries, the physician may contact Branch: 800-631-5250 Lab: 800-631-5250

**Patient Details**  
[REDACTED],  
[REDACTED],  
[REDACTED],  
[REDACTED],  
[REDACTED],  
Phone: [REDACTED]  
Date of Birth: [REDACTED]  
Age: [REDACTED]  
Sex: [REDACTED]  
Patient ID: [REDACTED]  
Alternate Patient ID: [REDACTED]

**Physician Details**  
[REDACTED]  
[REDACTED]  
[REDACTED],  
[REDACTED],  
[REDACTED]  
Phone: [REDACTED]  
Account Number: [REDACTED]  
Physician ID: [REDACTED]  
NPI: [REDACTED]

**Specimen Details**  
Specimen ID: [REDACTED]  
[REDACTED]  
[REDACTED]  
Alternate Control Number:  
Date Collected: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]