Patient Name : MALGIREDDY SRINIDHI BarcodeNo : 10001631

Age/Gender : 21 Y 3 M 16 D/Female Registration ON : 29/Jul/2023 09:01AM LabNo : 012307310003 Sample Collected ON : 29/Jul/2023 09:12AM Referred By : Self Sample Received ON : 29/Jul/2023 09:31AM Source Lab. : A C Report Generated ON : 31/Jul/2023 12:04PM

DEPARTMENT OF SEROLOGY			
est Name	Value	Unit	Bio Ref.Interval
	TB Gold Gar	mma Interferon	
B-GOLD -QUANTIFERON Method: ELISA	Negative		
B (QFT) IFN - y Levels Method: ELISA	0.21	IU/mL	> 0.35 Positive < 0.35 Negative
est Details (Reference Only)			•
3 Antigen Tube ethod: ELISA	0.37	IU/mL	
B Nil Tube ethod: ELISA	0.16	IU/mL	
B Mitogen - Tube lethod: ELISA	2.28	IU/mL	

## TB (QFT) IFN gamma levels:

- < 0.35 Negative,
- > 0.35 Positive

A test is considered positive for and IFN- gamma response to the TB Antigen tube that is significantly above the Nil IFN- gamma IU/ml value. The Nil sample adjusts for background, heterophile antibody effects, or non-specific IFN- gamma in blood samples. The IFN- gamma level of the Nil tube is subtracted from the IFN- gamma level for the TB Antigen tube .

INTERPRETATION: Quantiferon Tb Gold is an blood test that measures the cell-mediated immune response of TB infected individuals. A negative result does not preclude the possibility of M. tuberculosis infection or tuberculosis disease: false-negative results can be due to stage of infection (e.g., specimen obtained prior to the development of cellular immune response), co-morbid conditions which affect immune function, other immunological variables. A positive result should not be the sole or definitive basis for determining infection with M. tuberculosis. A positive result should be followed by further medical evalution and diagnostic evalution for active tuberculosis disease (e.g. AFB smear and culture, chest x-ray, RT-PCR,MDR) While ESAT-6, CFP-10 and TB7.7 (p4) are absent from all BCG strains and from most known non- tuberculous mycobacteria, it is possible that a positive Quanti FERON - TB Gold IT result may be due to infection by M. kansasii, M. szulgai or M. marinum. If such infection are suspected, afternative tests should be investigated.





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DR. RUTURAJ MANIKAL KOLHAPURE MD, MICROBIOLOGIST Patient Name : MALGIREDDY SRINIDHI BarcodeNo : 10001631

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## **DEPARTMENT OF MICROBIOLOGY**

Test Name Value Unit Bio Ref.Interval

## Mantoux tuberculin skin test (TST)

Mantoux NEGATIVE
Date of PPD 29-07-2023
Date of Reported 31-07-2023

INDURATION NIL ERYTHMA ABSENT

Comment TULIP PPD 2mm

\*\*\* End Of Report \*\*\*





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DR. RUTURAJ MANIKAL KOLHAPURE MD, MICROBIOLOGIST