Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
GAMMA INTERFERON (TB PLATINUM)\*
Test description Observed value Unit
Interferon Gamma, Antigen tube (T) (IGRA) 34.91 pg/ml
Interferon Gamma, Nil tube (N) (IGRA) 8.63 pg/ml
Interferon Gamma, Antigen tube-Nil tube (T-N) 26.27 pg/ml
Final result POSITIVE
NOTE : This test was processed at third party lab.
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