

DOB:

## Patient Report



Patient ID: Specimen ID:

Age:

Sex:

Ordering Physician:

Date Collected:

Date Received:

Date Reported:

Fasting:

Ordered Items: **Measles/Mumps/Rubella Immunity; QuantiFERON-TB Gold Plus; Hepatitis B Surf Ab Quant; Varicella-Zoster V Ab, IgG; B pertussis IgG Ab; Tetanus Antitoxoid IgG Ab; Diphtheria Antitoxoid Ab; Venipuncture**

Date Collected:

## Measles/Mumps/Rubella Immunity

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Rubella Antibodies, IgG <sup>01</sup>	1.82		index	Immune >0.99
		Non-immune	<0.90	
		Equivocal	0.90 - 0.99	
		Immune	>0.99	
Measles Antibodies, IgG <sup>01</sup>	95.7		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>	52.1		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>	0.06		IU/mL	
QuantiFERON TB2 Ag Value <sup>01</sup>	0.08		IU/mL	
QuantiFERON Nil Value <sup>01</sup>	0.06		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			

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## 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>	1000.0 Results confirmed on dilution.		mIU/mL	Immunity>9.9
	Status of Immunity ----- Inconsistent with Immunity Consistent with Immunity		Anti-HBs Level ----- 0.0 - 9.9 >9.9	

## Varicella-Zoster V Ab, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Varicella Zoster IgG <sup>01</sup>	2748		index	Immune >165
	Negative Equivocal Positive  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.		<135 135 - 165 >165	

## B pertussis IgG Ab

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
B pertussis IgG Ab <sup>02</sup>	<0.95		index	0.00-0.94
			Negative Equivocal Positive	<0.95 0.95 - 1.04 >1.04

## Tetanus Antitoxoid IgG Ab

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Tetanus Antitoxoid IgG Ab <sup>02</sup>	0.52		IU/mL	<0.10
			Interpretation: Non-Protective Protective	<0.10 >=0.10
	Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.			

## Diphtheria Antitoxoid Ab

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Diphtheria Antitoxoid Ab <sup>02</sup>	0.32		IU/mL	<0.10
			Interpretation: Non-Protective Protective	<0.10 >=0.10
	For research use only.			

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### 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

#### Patient Details

Phone:  
Date of Birth:  
Age  
Sex:  
Patient ID:  
Alternate Patient ID:

#### Physician Details

**Request A Test**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**  
  
Phone: **888-732-2348**  
  
Physician ID:  
NPI:

#### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported: