Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mrs. SAKSHI**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1557157
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012407220050**
REFERRED BY	:	**REGISTRATION DATE**	: 22/Jul/2024 04:30 PM
BARCODE NO.	: 01513629	**COLLECTION DATE**	: 22/Jul/2024 04:31PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Jul/2024 11:19AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

TB GOLD (QUANTIFERON): INTERFERON GAMMA RELEASE ASSAY (IGRA)

TB GOLD - QUANTIFERON **POSITIVE (+ve)**
by ELISA (ENZYME LINKED IMMUNOASSAY)

TEST DETAILS (REFERENCE ONLY)

IFN-GAMMA FROM NEGATIVE CONTROL VIAL (N) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	1.531	pg/mL
IFN-GAMMA FROM TB Ag CULTURE VIAL (T) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	2.04	pg/mL
IFN-GAMMA DIFFERENCE (T-N) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.51	pg/mL
(T-N/N) % VALUE *by ELISA (ENZYME LINKED IMMUNOASSAY)*	33.31	%

INTERPRETATION CRITERIA FOR IGRA (T-N) VALUE SHOULD BE >= 0.35 AND >= 25% OF NIL VALUE

INTERPRETATION:

NIL (IU/ML)	T – N (TB Antigen minus NIL Tube) IU/mL	SATNDARD E RESULT	INTERPRETATION
<= 8.0	< 0.35	NEGATIVE	NOT Infected with *Mycobacterium tuberculosis*
	>= 0.35 and < 25 % of NIL VALUE		
	>= 0.35 and >25 % of NIL VALUE	POSITIVE	Infected with *Mycobacterium tuberculosis*(active, latent or inapparent infection)
>8.0	ANY VALUE	INTERMEDIATE	Cannot determine whether Mycobacterium tuberculosis infection/ Result are indeterminate for TB Antigen responsiveness Any

NOTE:
1. Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, Requires a combination of epidemiological, historical, medical, and diagnostic findings that should be taken into account when interpreting ELISA Report results.
2. NEGATIVE TEST DOES NOT PRECLUDE THE POSSIBILITY OF MYCOBACTERIUM TUBERCULOSIS INFECTION/DISEASE

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3. IGRA Test is approved as an in vitro diagnostic aid for detection of Mycobacterium tuberculosis infection (active disease and LTBI) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations. The IGRA test does not differentiate between active and latent TB so latent patient will also be picked by IGRA. IGRA cannot be used as standalone test to diagnose TB infection. IGRA test is not established for any prognostic use.

3. The SD Biosensor TB Gold IGRA (Interferon Gamma Releasing Assay) test is whole blood test for detection of infection to Mycobacterium tuberculosis as occurs in active tuberculosis and latent tuberculosis infection (LTBI).If not detected and treated, LTBI may later develop into TB disease. This test measures the patient's immune reactivity to M. tuberculosis, the bacterium that causes TB. Blood samples are mixed with TB specific antigens and incubated for 20 to 24 hours. The antigens include ESAT-6 and CFP-10, proteins specific to tuberculosis complex. These antigens are not found in BCG strains or atypical Mycobacteria. If the patient is infected with M. tuberculosis, the patient's lymphocytes will recognize the antigens and release interferon –gamma in response .The TB Platinum test results are based on the amount of IFN –gamma that is released. Additional tests (such as chest radiograph) are needed to exclude TB disease and confirm the diagnosis of LTBI.

METHOD: Interferon Gamma Release Assay (IGRA);

CAUTION: Assay results should be interpreted only in the context of other laboratory finding and the total clinical status of the patient

*** End Of Report ***

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