biosytech
MEDICAL LABORATORY

BML426353

Laboratory Investigation Report

Name	:	Mr. JAREESH DOMINIC	**Ref No.**	:	43358
DOB	:	12/04/1999	**Sample No.**	:	2406435399
Age / Gender	:	25 Y 2 M / Male	**Collected**	:	22/06/2024 18:45
Referred by	:	DR HUMEIRA	**Registered**	:	22/06/2024 23:20
Centre	:	Peshawar Medical Center LLC	**Reported**	:	24/06/2024 18:00

MOLECULAR BIOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
QuantiFERON-TB GOLD (QFT-G) ^					
Gamma Interferon, Mitogen tube	10		IU/mL		CLIA
Gamma Interferon, Nil tube	0.199		IU/mL		
TB 1 - Nil	0.037		IU/mL		
TB 2 - Nil	0.010		IU/mL		
Mitogen - Nil	9.80		IU/mL		
Gamma Interferon, Antigen tube 1	0.236		IU/mL		CLIA
Gamma Interferon, Antigen tube 2	0.209		IU/mL		CLIA
Final Result	NEGATIVE			Note: Please refer to table of interpretation.	

Interpretation Notes :

TEST DESCRIPTION:

Interferon- gamma release assay (Quantiferon TB) is an in vitro, indirect method for documenting cell mediated immune response using a peptide cocktail of ESAT-6, CFP-10 & TB7.7 protein antigens that are associated with M. tuberculosis complex infections. The interferon-Gamma released in plasma by the stimulated white cells (effector T cells) is estimated by CLIA. The assay is thus dependent on host immune status.

TABLE OF INTERPRETATION:

<table>
<tr><th>Nil (IU/mL)</th><th>TB1 minus Nil (IU/mL)</th><th>TB2 minus Nil (IU/mL)</th><th>Mitogen minus Nil (IU/mL)</th><th>QuantiFERON TB Gold Plus result</th><th>Report/Interpretation</th></tr>
<tr><td rowspan="3">< / = 8.0</td><td>>/= 0.35 and >/= 25% of Nil</td><td>Any</td><td rowspan="2">Any</td><td rowspan="2">Positive</td><td rowspan="2">M. tuberculosis infection likely</td></tr>
<tr><td>Any</td><td>>/=0.35 and >/=25% of Nil</td></tr>
<tr><td>< 0.35 or >/= 0.35 and < 25%of Nil</td><td>< 0.35 or >/= 0.35 and < 25%of Nil</td><td>>/= 0.5</td><td>Negative</td><td>M. tuberculosis infection NOT likely</td></tr>
<tr><td>< 0.35 or >/= 0.35 and < 25%of Nil</td><td>< 0.35 or >/= 0.35 and < 25%of Nil</td><td>< 0.5</td><td rowspan="2">Indeterminate</td><td rowspan="2">Likelihood of M. tuberculosis infection cannot be determined</td></tr>
<tr><td>> 8.0</td><td colspan="3">Any</td></tr>
</table>

INTERPRETATION NOTES:

Results are interpreted using the criteria (Table). The test sample results are reported in International Units per mL (IU/mL). Although the assay quantitatively detects the IFN-γ, the interpretation of the result for a single patient is strictly qualitative.

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

ANJUMOL D V
Laboratory Technologist

This is an electronically authenticated report

Printed on: 25/06/2024 09:47

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

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COLLEGE of AMERICAN PATHOLOGISTS

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MOLECULAR BIOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology

QuantiFERON-TB GOLD (QFT-G) ^

The magnitude of the measured IFN-γ level cannot be correlated to stage or degree of infection, level of immune responsiveness, or likelihood for progression to active disease.

A negative result does not preclude the possibility of M. tuberculosis infection or tuberculosis disease: false-negative results can be due to the stage of infection (e.g., specimen obtained prior to the development of cellular immuneresponse), co-morbid conditions that affect immune functions, incorrect handling of the blood collection tubes following venipuncture, or 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 evaluation and diagnostic evaluation for active tuberculosis disease (e.g., AFB smear and culture, chest X-ray). While ESAT-6 and CFP-10 are absent from all BCG strains and from most known nontuberculous Mycobacteria, it is possible that a positive result may be due to infection by M. kansasii, M. szulgai, or M. marinum. If such infections aresuspected, alternative tests should be investigated.

Assay results should be utilized in conjunction with risk assessment, radiography and other medical and diagnostic evaluations to assist the clinician in making individual patient management decisions.

Reference: Kit Literature (Diasorin Liaison XS).

Sample Type : *Blood*

End of Report

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