

Name:

Biological Sex:

Date of Birth:

Order Number:

Clinic:

Requested By:

FirstName LastName

Gender

DD-Mmm-YYYY

XXXXXX-XXXXXX

Sample Collection Date:

Date of Receipt:

Report Approved Date:

Report Status:

Report Generated On:

DD-Mmm-YYYY HH:MM

DD-Mmm-YYYY HH:MM

DD-Mmm-YYYY HH:MM

Final

DD-Mmm-YYYY HH:MM

Panels

Additional Tests

Quantiferon

Analyte	Result	Ref Low	Ref High	Low / High	Sample Type	Result Caveat	Results Status
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Other tests

TB Quantiferon Gold

Negative -

Blood

Final

- End of Report -

Result Colour Key:

Results in blue with L in the In Range column fall below the Ref Low range

Results in red with H in the In Range column fall above the Ref High range

HH:MM

Lauren McConnell  
HCPC Registered Biomedical Scientist