



## Oxford Diagnostic Laboratories

5846 Distribution Drive  
Memphis, TN 38141  
1-877-59TBLAB

CLIA ID# 44D2035207

David A. Novis, MD FCAP, Medical Director

cc: McIntyre, Mary

Patient Name: Walters, Alexandra M  
Patient ID: 511186432  
Sex: F  
DOB: 4/10/1995  
Collection Date: 4/15/2013 08:05

Provider: Mary McIntyre, MD  
Location: Alabama Public Health Area 8: TB Control  
Customer Number: ALDH08  
Sample ID: 131340819  
Received Date: 4/16/2013 05:09  
Approval Date: 4/17/2013 10:54

### T-SPOT.TB Test Results

PL

T-SPOT.TB

Negative

The test result is Negative if both (Panel A minus Nil Control) and (Panel B minus Nil Control) are less than or equal to 4. This includes values less than zero.

Note: 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 T-SPOT.TB test results. Refer to the most recent CDC guidance (<http://www.cdc.gov/nchstp/tb>) for detailed recommendations about diagnosing TB infection (including disease) and selecting persons for testing.

|                              |     |
|------------------------------|-----|
| Nil (Neg) Control Spot Count | 0   |
| Panel A Spot Count           | 0   |
| Panel B Spot Count           | 0   |
| Positive Control Spot Count  | >20 |

#### Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with leishmaniasis.

A false positive result was obtained for T-SPOT.TB when tested in subjects with *M. xenopi*, *M. kansasii* and *M. goodii*. While ESAT-6 and CFP10 antigens are absent from BCG strains of *M. bovis* and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with *M. kansasii*, *M. szulgai*, *M. goodii* or *M. marinum*. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with *M. tuberculosis*. Patients with recent exposure to TB infected individuals or individuals with a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate.

# STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE RE  
(Date next vaccine is due)  
Month 8 / Day 31 / Year 2009

ALEXANDRA WALTERS

Name of Child

04/10/1996

Date of Birth

Parent or Guardian

diphtheria, Tetanus, and Pertussis Vaccine (Circle vaccine given.) A medical exemption (see reverse side) is required for children less than 7 years of age who are not given pertussis vaccine.

|                  |                   |                   |                   |                   |                   |
|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| DTaP (Daptacel)  | DTaP (Daptacel)   | DTaP (Daptacel)   | DTaP (Daptacel)   | DTaP (Daptacel)   | Tdap (Boostrix)   |
| <u>2/22/1996</u> | <u>04/11/1996</u> | <u>07/25/1996</u> | <u>10/16/1996</u> | <u>04/21/2000</u> | <u>08/29/2008</u> |
| Mo/Day/Year      | Mo/Day/Year       | Mo/Day/Year       | Mo/Day/Year       | Mo/Day/Year       | Mo/Day/Year       |

No Vaccine (Circle vaccine given.)

|                  |                   |                   |                   |
|------------------|-------------------|-------------------|-------------------|
| IPV              | IPV               | IPV               | IPV (IPOL)        |
| <u>2/22/1996</u> | <u>04/11/1996</u> | <u>10/16/1996</u> | <u>04/21/2000</u> |
| Mo/Day/Year      | Mo/Day/Year       | Mo/Day/Year       | Mo/Day/Year       |

Measles, Mumps, Rubella (Circle vaccine given.)

|                  |                   |
|------------------|-------------------|
| MMR (Merck)      | MMR (Merck)       |
| <u>7/25/1996</u> | <u>04/21/2000</u> |
| Mo/Day/Year      | Mo/Day/Year       |

Haemophilus influenzae Type b (Required for Day Care and Head Start only. Please record for historical information.)

|                  |                   |                   |             |
|------------------|-------------------|-------------------|-------------|
| <u>2/22/1996</u> | <u>04/11/1996</u> | <u>07/25/1996</u> |             |
| Mo/Day/Year      | Mo/Day/Year       | Mo/Day/Year       | Mo/Day/Year |

Polio Vaccine (Required for Day Care and Head Start September 2000. Required for Kindergarten entry Fall of 2001 and for a grade higher each successive year.)

|                  |             |
|------------------|-------------|
| <u>9/03/1996</u> |             |
| Mo/Day/Year      | Mo/Day/Year |

In lieu of Varicella Vaccine

History of Chickenpox Has chickenpox

Positive Varicella

Not required for school attendance. Please record for historical information. Do not expire this certificate for these vaccine

Hepatitis B Vaccine

|                  |                   |                   |
|------------------|-------------------|-------------------|
| <u>2/22/1996</u> | <u>04/11/1996</u> | <u>09/03/1996</u> |
| Mo/Day/Year      | Mo/Day/Year       | Mo/Day/Year       |

Pneumococcal Conjugate Vaccine

|                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|
| <u>Mo/Day/Year</u> | <u>Mo/Day/Year</u> | <u>Mo/Day/Year</u> | <u>Mo/Day/Year</u> |
|--------------------|--------------------|--------------------|--------------------|

Other Specify Vaccine (not to include TB skin test)

Vaccine MMR Date 8/29/08 Vaccine IPV Date 9/10/03 Vaccine MMR Date 8/29/08

Authorized Medical Signature

PARTNERS IN PEDIATRICS  
8160 SEATON PLACE  
MONTGOMERY, 36116

Name of Child