

Lab Results for Pancholi, Bhumiika (Female, 11/03/1981)



Laboratory



Name: Labcorp

Collection: 05/03/2022 11:46 am

Order #: 2206E54A

Accession #: 12305981300

Patient information

Patient ID: PB688053

Mobile: (254) 718-7354

Address: 2005 Meriweather Dr
Pike Road, AL 36064

Requesting Provider

Name: Piyush Patel

Measles/Mumps/Rubella Immunity

Observations	Result	Reference / UoM	Date/Status
Rubella Antibodies, IgG ¹	18.60	Immune >0.99 index	05/04/2022 07:34 am
Vendor note: Non-immune <0.90 Equivocal 0.90 - 0.99 Immune >0.99			
Measles Antibodies, IgG ¹	>300.0	Immune >16.4 AU/mL	05/04/2022 07:34 am
Vendor note: Negative <13.5 Equivocal 13.5 - 16.4 Positive >16.4 Presence of antibodies to Rubella is presumptive evidence of immunity except when acute infection is suspected.			
Mumps Abs, IgG ¹	>300.0	Immune >10.9 AU/mL	05/04/2022 07:34 am
Vendor note: 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

Observations	Result	Reference / UoM	Date/Status
QuantIFERON Incubation ¹	Incubation performed.		05/05/2022 03:06 am

QuantIFERON-TB Gold Plus

Observations	Result	Reference / UoM	Date/Status
QuantIFERON Criteria ¹			05/05/2022 03:06 am
Vendor note: The QuantIFERON-TB Gold Plus result is determined by subtracting the Nil value from either TB antigen (Ag) tube. The mitogen tube serves as a control for the test.			
QuantIFERON TB1 Ag Value ¹	6.29	IU/mL	05/05/2022 06:13 pm
QuantIFERON TB2 Ag Value ¹	7.07	IU/mL	05/05/2022 06:13 pm
QuantIFERON Nil Value ¹	1.13	IU/mL	05/05/2022 06:13 pm
QuantIFERON Mitogen Value ¹	>10.00	IU/mL	05/05/2022 06:13 pm

QuantIFERON-TB Gold Plus

Observations	Result	Reference / UoM	Date/Status
QuantIFERON-TB Gold Plus ¹	● Positive	Negative Abnormal (applies to non-numeric results)	05/05/2022 06:13 pm
Vendor note: Chemiluminescence immunoassay methodology			

Varicella-Zoster V Ab, IgG

Observations	Result	Reference / UoM	Date/Status
Varicella Zoster IgG ¹	311	Immune >165 Index	05/04/2022 07:34 am
Vendor note: Negative <135 Equivocal 135 - 165 Positive >165 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.			

RPR

Observations	Result	Reference / UoM	Date/Status
RPR ¹	Non Reactive	Non Reactive	05/04/2022 06:47 am

Neisseria gonorrhoeae, NAA

Observations	Result	Reference / UoM	Date/Status
Neisseria gonorrhoeae, NAA ¹	Negative	Negative	05/05/2022 08:41 am

Performing Laboratory

LabCorp Birmingham, Brian Ragland MD, Director (205) 581-3500
 1801 First Avenue South
 Birmingham, AL 352331935



JACKSON
HOSPITAL
1725 PINE STREET
MONTGOMERY, AL 36108
Phone #: 334-293-8178

JACKSON
IMAGING CENTER

1825 PARK PLACE
MONTGOMERY, AL 36108
Phone #: 334-834-3871

Patient Name: PANCHOLJ, BHUMIKA
Physician: PIYUSH PATEL
MRN: 832477

DOB: 11/03/1981
Age: 40Y F
Acct No: 2011342516

Demographics at time of dictation: PANCHOLJ, BHUMIKA, MRN: 832477 DOB: 11/03/1981, Physician: PIYUSH PATEL

Location: JACKSON IMAGING CENTER (JIC)

*** Final Report ***

Procedure: JIC CHEST 2 VIEWS
Clinical Data: 71046 chest

Date of Exam: 05/09/2022

EXAM:
JIC CHEST 2 VIEWS

HISTORY:
71046 chest

FINDINGS:
The lungs are clear. The cardiomedastinal silhouette and pulmonary vasculature are within normal limits. The skeletal structures are normal for age.

IMPRESSION:
NO ACUTE PULMONARY DISEASE.

Electronically Signed by: Kenneth Richardson MD 5/9/2022 5:00 PM

Dictated By: KENNETH RICHARDSON on May 9 2022 5:02P
Signed by: KENNETH RICHARDSON on May 9 2022 5:00P
Transcriptionist:

ROSEHILL FAMILY CARE
5363 VETERANS PARKWAY
Columbus GA 31904
706-507-5441

VACCINE CONSENT FORM

Patient Name SHUMIKA PANCHOLI Date 05/03/2022
Allergies NO DOB 11/03/1981

I have been given a copy and have read or have been explained to me, information on the Tetanus Vaccine vaccine(s). I have had a chance to ask question that were answered to my satisfaction. I believe I understand the benefits and risk of the vaccine(s) requested and ask that this vaccine(s) be given to me.

Patient Signature B.V. Pancholi

Physician Signature [Signature]

FOR OFFICE USE ONLY

Name of vaccine: Tetanus Vaccine Site: (R) Arm
Date given: 5/3/2022 Lot # and Expiration date: A187A, 03/11/2024, 1553313100
Signature of nurse administering vaccine: A. Dyer

A187A
11 MAR 2024

Name of vaccine: _____ Site: _____
Date given: _____ Lot # and Expiration date: _____
Signature of nurse administering vaccine: _____

Name of vaccine: _____ Site: _____
Date given: _____ Lot # and Expiration date: _____
Signature of nurse administering vaccine: _____